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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER:

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THE AMERICAN PRACTITIONER.

DECEMBER, 1870.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

THE NON-MALARIAL ORIGIN OF FEVER.

BY S. LITTELL, M. D.

The doctrine of malaria, as a cause of disease, is so generally received as an article of medical faith, and forms so large a part of medical literature and conversation, that to deny its existence, or indeed to express any doubt on the subject, would expose the unhappy individual thus impugning it to the imputation of eccentricity, if not of folly. And yet no proof has ever been adduced of its existence; it is a mere myth invented for the occasion, and, as I once endeavored to show, all the phenomena falsely ascribed to it may be both more rationally and more satisfactorily accounted for on other principles. The abstraction of vital heat or animal electricity from a system debilitated or exhausted by any cause, and especially by heat, will give rise to intermittent and remittent fevers, or to any other disease to which predisposition may exist, without involving the necessity of invoking for that purpose an agency which I do not hesitate to say is purely

imaginary. That fever of almost every kind is rife in the early autumnal months is owing to the action of the cool damp air of that season—then a powerful conducting medium, which it is not when dry—on the human frame, weakened and exhausted by the frequently protracted and excessive heat of summer. This theory, as I have stated, not only satisfactorily resolves many curious matters, inexplicable on the malarial hypothesis, but leads directly to a mode of treatment, preventive and curative, which (if commonly adopted) would greatly circumscribe the prevalence of the disease. The avoidance of exposure to the early evening and morning air when it is charged with moisture from descending and ascending exhalation, and affects more or less all within its influence, some care in husbanding or in not overtasking the already diminished power of the system, and the general use for a brief period of tonics and stimulants, would greatly diminish the number of cases of fever which we are called to treat. I know that the Practitioner has little room to spare for theoretical discussion, and therefore forbear; but I would be gratified if it could afford space for a few extracts from a recent work, in which the writer, himself deeply imbued with the malarial doctrine, but with a mind open to the reception of truth, faithfully records the observations and opinions of others. He is speaking of Corsica:

"Though Corte is in the middle of the mountains, fifteen hundred feet above the level of the sea, and nearly traversed by a brawling mountain torrent, I found that malarial fever was rife there. Dr. Tedeschi, the leading practitioner at Corte, told me that he thought the fever was constantly developed at Corte, and in Corsica generally, in summer and autumn, by a mere chill, quite independent of any malarious influence. Every year he was called to attend severe cases, brought on by chills experienced from merely sitting out in the evening under the shade of a row of plane-trees, in the center of the town or elsewhere, away from all water. I found the same opinion prevalent among the medical men both of Bastia and Ajaccio.

"The experience of the Corsican medical practitioners thus appears to corroborate the views entertained by my esteemed friend Dr. Robert Dundas, and brought before the profession in his interesting and elaborate work entitled 'Sketches of Brazil' (1852). Dr. Dundas proves to demonstration, by numerous facts drawn from his lengthened experience of intermittent fever in the Brazils and in other tropical climates, that the purest and most wholesome sea-breeze will often give rise to severe intermittent fevers, when those who are exposed to it are debilitated by previous illness, or by bodily and mental exhaustion, or are in a state of perspiration from severe exhaustion. At Bahia, the most malarious houses are not those that are exposed to winds coming from the neighboring marshes, but those that are the best situated according to English ideas—that are exposed, without protection, to a pure but moist sea-breeze.

"Again, Dr. Rannie, in an interesting work entitled 'The British Arms in North China and Japan,' says 'that soldiers residing in malarious localities and in low situations often did not appear to suffer, but when removed to the heights and freely exposed to the breeze they were struck down with fevers.' These and similar cases, occurring again and again, led Dr. Rannie to conclude that the low situations produced a debilitating effect and a predisposition to fever, which attacked the weakened men directly they were exposed to currents of air. Thus what would have been found invigorating to persons in health could not be endured by these men, owing to their weakened state.

"Most of the malarious regions in Corsica are on or near the sea-shore; and as there is in summer a very decided breeze, during the day its chilling influence may be an important cause of fever, as in the south generally. . . . In our country, a chill in summer does not produce ague, but bronchitis, pleurisy, rheumatism, or diarrhea; but then the human economy has not been previously exposed to intense tropical heat. Still our marshy, undrained districts, such as the fens of Lincolnshire, are malarious, like the marshes of Corsica; intermittent fever appearing in autumn, apparently without exposure to chills of any kind. . . . As I have already stated, on the authority of my friend Dr. Dundas and others, it is an undeniable fact that in warm climates intermittent and remittent fevers may occur where there are no marshes, as a mere result of a chill in an organization weakened by intense and protracted heat. It is possible that such chills may be the principal

imaginary. That fever of almost every kind is rife in the early autumnal months is owing to the action of the cool damp air of that season—then a powerful conducting medium, which it is not when dry—on the human frame, weakened and exhausted by the frequently protracted and excessive heat of summer. This theory, as I have stated, not only satisfactorily resolves many curious matters, inexplicable on the malarial hypothesis, but leads directly to a mode of treatment, preventive and curative, which (if commonly adopted) would greatly circumscribe the prevalence of the disease. The avoidance of exposure to the early evening and morning air when it is charged with moisture from descending and ascending exhalation, and affects more or less all within its influence, some care in husbanding or in not overtasking the already diminished power of the system, and the general use for a brief period of tonics and stimulants, would greatly diminish the number of cases of fever which we are called to treat. I know that the Practitioner has little room to spare for theoretical discussion, and therefore forbear; but I would be gratified if it could afford space for a few extracts from a recent work, in which the writer, himself deeply imbued with the malarial doctrine, but with a mind open to the reception of truth, faithfully records the observations and opinions of others. He is speaking of Corsica:

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or sole cause of fever even in low, damp, reputed malarious regions. Such indeed is the opinion of a very enlightened French author, Dr. Armand, who was many years with the French army in Algiers, and has written a most valuable work on the climate and diseases of that country. . . . . Casabianda (in Corsica) is an agricultural colony of convicts, founded by the French government in 1864, in order to reclaim and drain some of the ponds and swamps of the oriental coasts. Unfortunately the government gave the first appointment of director to a clever, energetic officer, but a northerner, who knew nothing of Corsica or of its fever. He thought all he heard nonsense; that the fever was the result of the men working in the heat of the day and being badly fed. So he had the convicts up before daylight, and made them work at the drainage in 'the cool of the morning.' Then he had them home in the heat of the day for dinner and a siesta, and sent them out again to work in 'the cool of the evening.' The local medical men and the Corsicans around him stood aghast at a plan so contrary to all their experience; for they wait until the sun has dispersed the watery vapors, and return home before sunset. But he was not to be persuaded; reported the medical men under him for 'insubordination,' and had his own way. The result may be easily foretold. He lost during two years sixty-five per cent. of the convicts, or six hundred and sixty-five out of the one thousand each year. The government was horror-struck, and the colony would have been abandoned had not the stubborn director most fortunately himself died of the fever. A more rational man was then appointed, who allowed the medical staff free scope, and everything was reversed. The men were sent to work an hour after sunrise, and brought home an hour before sunset. In the summer they were all transferred to the mountains, and various other precautions were taken, with such good results that last year the mortality in the same conditions and locality was only three and a half per cent., or thirty-five in one thousand. These details I had from Dr. Tavera, the present medical director of the penitentiary, to whose energetic efforts much of the results is due."

I have made the preceding extracts—and more might be made from the same source and to the same effect—from "Winter and Spring on the Shores of the Mediterranean;" an excellent work by J. Henry Bennett, M.D., published during

the present year. The object of the author was to determine by personal inspection the best localities for the temporary sojourn of invalids, and especially of those afflicted with pulmonary complaints, who in the early stages of disease are seeking a change of climate. Many facts of like import were set forth by the writer in a paper printed in the Transactions of the American Medical Association for 1866; and others, without number, might be readily adduced. They disprove absolutely the malarious origin of autumnal fevers; and with the overthrow of that hypothesis, which has exerted an influence so potent and exclusive over medical thought, suggest also a rational etiology for a host of complaints which, from their intermittent character and general obedience to tonic treatment, are wrongly attributed to the same cause, or are supposed to derive at least a modified character therefrom.

PHILADELPHIA, SEPTEMBER.

[After reading the interesting paper of Dr. Littell, we are almost tempted to abandon our faith in the existence of that mysterious poison which has baffled the cunning efforts at demonstration of the medical world since the days of Lancisi, now more than a century and a half ago. Yet the hypothesis of malaria to account for the production of certain forms of fever is too plausible to be readily discarded; and furthermore it has triumphantly held its ground against similar adverse opinions for more than a hundred years. For example, Fordyce, in his dissertations on fever, though in a different phraseology, seems to us to inculcate views on moisture and cold, or the abstraction of heat, as causes of fever, not essentially differing from those expressed by Dr. Littell. What causes the fevers termed malarial, or in fact any form of idiopathic fever, it would seem to be impossible to decide with the present amount of facts and argument on either side; therefore we feel that the question is still *sub judice*, and can be settled only by further investigation.—D. W. Y.]

CARBONIC ACID AND FEVER.

BY H. BEAUCHAMP, M. D.

I was agreeably surprised to see in the September number of the American Practitioner an extract from a paper by Dr. Duff Child, entitled "On the Cause of Malarial Fevers."

You will know why my attention was particularly directed to the article when I state the fact that I read a paper at a meeting of the Butler County Medical Society, fifteen years ago, entitled "An attempt to prove that Miasmata owe their potency to Carbonic Acid." Are we near the truth? Both have charged carbon or its compound (C_2N) with the zymotic or toxic power of miasma.

I was led to the investigation of the subject by observing that all the conditions necessary for the development of malaria were alike necessary for the natural production of carbonic acid; of which stand prominent heat, moisture, and vegetable and animal decomposition. Please allow me to present my table of comparisons, which may with propriety be added to that of Dr. Child:

Miasm.	**Carbonic Acid.**
Produced by vegetable and animal decomposition.	Produced by vegetable and animal decomposition.
Specific gravity heavy.	Specific gravity heavy.
Absorbable by water.	Absorbable by water.
Habitations: marshes, stagnant pools, prisons, hospitals, crowded rooms.	Habitations: marshes, stagnant pools, prisons, hospitals, crowded rooms.
Potent at night.	Eliminated at night by vegetation.
Enters the system through the respiration.	Enters the system through the respiration.
Sedative to the system.	Narcoto-sedative.
Produces torpor of the sensorial function.	Produces torpor of the sensorial function.
Darkens the blood, destroying its coagulability.	Darkens the blood, destroying its coagulability.
Causes cerebral congestion.	Causes cerebral congestion.

I do not consider it necessary to go further with my list, as this will show you that I had grounds to base my belief upon, and to afford material for my essay.

HAMILTON, O., SEPTEMBER.

[The analogy between the effects of carbonic acid and miasmata, as pointed out by Dr. Beauchamp, is striking, and worthy of notice; though the production of intermittent fever was long since attributed by Boussingault to carbon in the form of the well-known marsh gas, carbureted hydrogen. This gas, as well as carbonic acid and carbonic oxide, although commonly enumerated among the causes of disease, have not been considered as capable of giving rise to malarial fevers. Dr. Drake, in his remarks on the "malarial hypothesis," makes particular mention of these gases as not producing effects resembling those from marsh miasmata, so called. Dr. Child's idea seems to be that malaria is necessarily an azotized compound, and that intermittent fever is really *intermittent uræmic poisoning*. He regards the last stage of a paroxysm, terminating favorably, as being the successful elimination of the poison by the skin (in the perspiration) and by the kidneys (in the urea of the urine). He believes that from whatever cause cyanogen or any of its compounds may be in excess in the blood—whether from being inhaled in the form of vapor (malaria) or accumulated by reason of the embarrassed action of the skin or kidneys—a paroxysm of fever is produced, and the body is thus relieved. If the poisonous accumulation takes place again and again, paroxysms of fever follow each time; in other words, an intermittent fever is established. He urges, as a fact to sustain this view, the experiment performed by M. Brachet upon himself—namely, his causing an attack of intermittent fever by bathing at midnight, for several nights in succession, in the river Saone.—D. W. Y.]

AN ATTEMPT TO DESIGNATE AND IDENTIFY THE CAUSE OF SEVERAL DISEASES.*

BY DUFF CHILD, M. D.

There are certain diseases, now believed to be remotely or not at all related, that are probably produced by the same cause; namely, an excess in the body of the poison known as cyanogen (C_2N), either alone or combined with some base. This poison has its presence in the system either by gaining admission through the lungs during inspiration, or, being in some of its compounds and derivatives a result of the metamorphosis of tissues, it accumulates in the body through failure of the skin and kidneys to remove it with sufficient celerity. By the kidneys this poison is eliminated in the form of urea and uric acid; while by the skin, if Schönbein's test is infallible, it escapes as *cyanide of hydrogen.* The source of the poison, external to the body, is probably that portion of the surface of districts styled malarial, which are subject to be alternately covered with water, and then dried by powerful solar heat. These changes destroy the larger part of both the animal and vegetable life of such soils, and thus suitable matter is supplied for the production of cyanogen or cyanide of hydrogen.

The evidence furnished by Schönbein's test-paper, thrust into the fissures appearing in such surfaces, when drying under the heat of the sun, is that upon which this assertion

* The abstract of a paper, by Dr. Child, on the cause of Malarial Fevers, which appeared in the September number of the American Practitioner, has attracted so much attention that we feel called upon to admit a communication by the same author, even more speculative than the first. Excellent as this communication is, we need not remark that such articles do not fall within the scope of this journal. Similar communications, unless supported by a much larger array of facts, we shall be obliged hereafter to decline to publish.—EDS. AM. PRAC.

is made, though the fact that the characteristic odor of cyanogen is given off by the decaying timber of localities subject to overflow is significant and corroborative. By means of masses of vapor or clouds, this poison is doubtless carried to many and distant points where no local cause of disease is found. The kindred diseases are: 1. Malarial fevers; 2. Dysentery (epidemic); 3. Neuralgia; 4. Rheumatism; 5. Gout; 6. Tetanus.

Some of the diseases just enumerated are frequently converted the one into the other, and it is not uncommon to see two showing themselves in the same patient at the same time. They are all probably but symptoms of poisoning by the same agent, the different manifestations being due to special circumstances or to constitutional peculiarities. The difference in the symptoms of any two, supposed to be most widely separated, is not greater than between an attack of bilious fever and one of pernicious fever—diseases generally admitted to be from the same cause.

Malarial Fever.—The reasons for supposing that cyanogen or some one of its compounds causes malarial fever are: *First*, that the prodromic symptoms of intermittent fever exactly resemble the milder symptoms of poisoning by substances containing cyanogen in the form of prussic acid—as, for example, from eating the fruit of the Prunus Virginiana, inhaling vapor from an infusion of the bark of the same tree, or from swallowing small quantities of the oil of bitter almonds. *Second*, in cases where death has been deferred after fatal doses of prussic acid have been taken many of the symptoms are the same as those of a *congestive chill* or pernicious seizure. A table giving corresponding symptoms was published in the September number of the American Practitioner. An interesting illustrative case of poisoning from prussic acid vapor is given in Taylor on Poisons, as reported by Dr. Regnold, and is as follows: "He (a student) lay in a perfectly insensible state for many hours. There was slight lividity of the face;

the eyelids were closed, and the pupils widely dilated; respiration was difficult, and took place at intervals; *extremities cold;* pulse barely perceptible; muscles of arms and legs were firmly contracted, but there was no tetanic convulsion. The patient was in a state of complete coma, and could not be roused. After some hours recovery took place, but the patient suffered from *headache and other symptoms.*" The writer has met with several cases in his own practice that were almost a counterpart to the above, and under circumstances which pointed to or afterward proved their origin to have been malarial. *Third*, the symptoms of chronic poisoning in workmen exposed to vapors containing hydrocyanic acid are similar to those of the chronic form of malarial poisoning, commonly called the *dumb ague.* These symptoms were enumerated in a former article,* but as they are an important part of my evidence I repeat them here. They are lassitude, dull pain in the head, darting pains over the eyes, abnormal sounds in the ears, dizziness, vertigo, pain in precordial region, difficult respiration, constriction of throat, feeling as of suffocation, and alternate wakefulness and somnolency. *Fourth*, the well-known experiment of M. Brachet—namely, the causing an intermittent fever in his own person by bathing at midnight, for several nights in succession, in the river Saone—can be explained on the supposition that mild intermittent cyanic poisoning followed the checking of the action of the skin by the application of the cold water at regular intervals. *Fifth*, Mr. H. Aschner, a dyer of this city, has assured me that workmen exposed to the vapor given off by dyes containing cyanide of potassium and other kindred preparations show the following symptoms: first, "the face, particularly under the eyes, turns yellow—could not say whether this discoloration extended to other parts" of the body; second, "there is a feeling of weakness at the knees—there is general weakness of the body;" third, the

* See September number of this journal.

sufferer has, as Mr. A. describes it, "a curious kind of fever." Here, it seems to me, is positive proof that cyanogen or prussic acid vapor produces a fever which closely resembles bilious fever. Living in an atmosphere containing but a small quantity of the vapor of prussic acid, *by night as well as by day*, is believed by the writer to be the cause of the ordinary form of intermittent fever.

Dysentery.—Dysentery is probably related to malarial fever for the following reasons: first, it is an endemic disease of warm climates and malarial localities; second, malarial fever and dysentery are commonly seen together and in the same patient, the one frequently terminating in the other; third, the same treatment will palliate and relieve in both diseases. The affection of the bowel which characterizes dysentery is probably due to the vicarious performance of the function of the skin by the large intestine, the cyanogen element of the skin-secretion producing irritation and consequent inflammation of the mucous membrane of the bowel.

Rheumatism and Neuralgia.—Muscular rheumatism and neuralgia are generally believed by the profession to be akin, and in my opinion are of malarial origin. Persons who have suffered much from malarial fevers are apt to be afflicted with either as a sequel. Furthermore, these diseases, like intermittent fever, yield, as a rule, most readily to antiperiodics. The popular opinion that acute articular rheumatism is caused by exposure to a cold and damp atmosphere is probably correct — such exposure checking the excretive action of the skin, thus causing an accumulation of the cyanogen element in the system.

Gout.—As has been demonstrated by Dr. Garrod, gout is caused by the presence, in excessive quantities, in the circulation of a substance close akin to the cyanogen compounds; viz., urate of soda.

Tetanus.—The grounds for believing that tetanus has an origin similar to malarial diseases are: *First*, that many per-

sons suffering from intermittent fever have well-marked seizures of tetanus during each paroxysm. *Second*, the clinical history of the disease seems to prove it to be one form of remitting fever; the spasms are remittent, and the exacerbations generally occur at regular intervals; the temperature is elevated, and the pulse is commonly quickened during exacerbation; the skin is hot continually, and frequently bathed in perspiration. *Third*, it is most commonly met with in hot and malarious countries. *Fourth*, sulphate of quinia is a most reliable medicine in its treatment. Furthermore, a prominent symptom of acute poisoning by prussic acid is trismus. In accordance with the theory herein advocated, the phenomena of this disease are caused by the retention or accumulation in the body of some compound or derivative of cyanogen acting on a peculiar nervous organization. An attack of idiopathic tetanus is probably an attack of so-called malarial fever, manifesting itself in that peculiar form. The occurrence of traumatic tetanus would be explained by supposing that an injury, however trivial, owing to the peculiar condition of the system, had caused sufficient disturbance to check the proper elimination of the poisonous excreta. If the patient be exposed to a damp atmosphere, alternately hot and cool, the liability to this form of disease is necessarily increased.

LOUISVILLE, OCTOBER.

A MUSKET-BALL IN THE FRONTAL SINUS—REMOVAL AFTER SIX YEARS—RECOVERY.

BY PRESTON PETER, M. D.

Abraham F. Debaun, belonging to the First Kentucky Cavalry (Federal), was wounded by a musket-ball at the battle of Fair Garden, East Tennessee, January 28, 1864. The bullet entered the forehead at the inner angle of the right

superciliary ridge, passed backward and outward, and apparently made its exit immediately behind the right eye. At least when first seen by me at Nashville, Tennessee, about ten days after the wound was received, there existed an opening immediately behind the right eye, as above indicated, through which it was supposed the ball had passed out. Evidently, I think, a portion of the missile had made its exit there. The wounds of entrance and exit were then cicatrizing, and the patient suffered little or no inconvenience. He remained at Nashville but a few days, and was sent back to Kentucky on furlough. I lost sight of him till June, 1865, when he came to my office at Springfield, Kentucky, to be examined for a pension. I then learned from him that in a month or six weeks after he was wounded he began to suffer from headache, neuralgia, and heaviness about the head, with occasional dimness of vision, and an almost constant discharge from the wound of a dirty sanious pus. He had been discharged from the service in the latter part of the year 1864, on surgeon's certificate of disability, and returned to his home, where he attempted to farm, but with poor success, being most of the time confined to the house, and a good portion of the time to his bed.

He came to Louisville in June, 1870, for advice, and upon consultation with Drs. D. Cummins and J. A. Brady an operation was decided upon. The patient's condition at this time and for several months before was about as follows: headache; pain of a dull, heavy character in the right side of the head; nervous and emaciated; the wound discharging freely a dark sanious pus; occasionally, when the wound would become temporarily closed or fail to discharge freely, he would become sleepy, approaching an apoplectic coma, and the sight of the right eye would be very much impaired till the discharge was again well established.

The operation proposed was for the purpose of removing, as we supposed, depressed and necrosed bone. It was per-

formed by Dr. Cummins, Dr. Brady and myself assisting, at St. Joseph's Infirmary, on June 8, 1870. A crucial incision was made directly over the point of entrance at the internal angle of the right superciliary ridge, a fungous and cartilaginous growth was now removed, and numerous small vessels ligated. An opening through the external table of the frontal bone was then discovered, and upon trimming off the ragged edge with bone-pliers evidences of lead were found. An elevator was introduced, and two pieces of lead, each about one third the size of an ounce ball, besides numerous small particles, and all lying in the right frontal sinus, were removed. When this was done the internal table was found to be slightly depressed, with an opening in the depression communicating with the dura-mater, opposite the site of the fragments of lead. As he had never suffered from epilepsy, and the depression of the internal table was slight, it was not deemed advisable to undertake the removal of any more bone.

The wound was closed with sutures, and isinglass plaster and water dressings applied. The patient rallied promptly, and almost as soon as he became conscious expressed himself greatly relieved—feeling better than he had for six years. He improved rapidly, without any untoward symptoms, and in ten days left the infirmary for his home.

I saw the patient on the 30th ult. (August) driving a team. He looked hearty, and expressed himself as feeling as well as he ever did; had gained considerable flesh since the date of operation; suffered no more from headache, neuralgia, dimness of vision, or anything of the kind. The region of the wound, he said, was somewhat tender when touched forcibly, but otherwise gave him no pain or inconvenience; and the wound was so nearly cicatrized that he might be said to have made a complete recovery.

LOUISVILLE, SEPTEMBER.

REMOVAL OF A PESSARY FROM THE BLADDER, WITH REMARKS.

BY LEVIN J. WOOLEN, M. D.

Mrs. W., an invalid for some six years, had during that time been under the care of different physicians, all of whom treated her for some form of uterine disease. The *os* and *cervix uteri* had been cauterized with different agents, and many kinds of pessaries had been used to support what was supposed to be a prolapsed womb. So far as I was able to ascertain, she never at any time had displacement of the uterus; but there was this peculiarity about her case: at times, having no reference whatever to her menstrual periods, she would be seized with bearing-down pains, resembling in force and character the pains of active labor, which would readily yield to what she was pleased to term a replacement of the womb. It was therefore thought advisable by the physician in attendance to resort to pessaries, and being disappointed in the use of the ordinary kinds he finally procured one of the "horseshoe" pattern, and in attempting to place it in a proper position to support the uterus had the misfortune to push it through the urethra into the bladder.

I saw the patient some six hours after the accident happened, and found her suffering with severe bearing-down pains, the paroxysms of which would last about five minutes, with intervals of ten minutes' rest. She informed me that the pains were becoming harder and more frequent, and thought they were due to the presence of the instrument in her womb; for as yet no one had ascertained the precise locality of the missing pessary. Finding on examination that the *os uteri* was closed, I concluded that the instrument was certainly not contained within that organ. Exploring the walls of the

vagina with my finger, I detected a hard substance within the bladder. On introducing a male catheter, in lieu of a sound, I found no difficulty in striking the pessary.

With such instruments as I had at hand I attempted dilatation of the urethra and extraction of the foreign body. In these attempts, however, I was unsuccessful, and yielding to the solicitations of the patient and her friends I made an incision into the urethra, commencing at a point half an inch behind the meatus and extending to the neck of the bladder, some of the fibers of which were divided. The pessary was now readily removed; a gum catheter was left in the urethra, and the patient ordered to keep perfectly quiet.

The wound in the bladder failed to close; and the patient was rid of the pessary at the expense of a vesico-vaginal fistula and partial incontinence of urine. I attempted to cure the fistula by two successive operations. The first was a total failure; the other only partially successful, union occurring at two points, thus converting one large fistula into three smaller ones. The patient died, three years after the accident, with some disease the nature of which I could not ascertain.

Remarks.—The report of a case is valuable in so far as it teaches new facts or enables us to correct error. I shall examine a few points connected with the foregoing case, believing that they afford lessons of practical utility.

First. The proper introduction of a "horseshoe" pessary is not as easy of execution and as free from danger as may have been heretofore supposed. The physician in whose hands the unfortunate accident above mentioned happened is certainly not a rash one, nor was he altogether inexperienced. Precisely how the mistake occurred seems to him at least a mystery.

Second. With regard to the method of extraction, it may be argued that the pessary should have been withdrawn through the urethra. At first glance such an opinion is certainly plausible; for as it was originally forced along the

urethra why not extract it through the same channel? The peculiar shape of the instrument rendered its removal in this way utterly impossible. Whether I should have succeeded better had I had the instruments needed in the operation is, I think, at least doubtful. The shape of the pessary became an insurmountable barrier to its removal through the urethra. When, for instance, one of the extremities of the instrument was brought to the internal orifice of the canal, other parts would be pressing against the tissues in such manner that no further advance could be effected. I therefore, after a long, faithful, and tedious trial, gave up all hope of extracting the pessary *per urethram*, and so proceeded to incise the canal.

Third. Was the operation properly performed? In the main I think it was. Believing that the case would undergo legal investigation, I operated according to the books. Selecting the plan laid down in "Gross on the Urinary Organs" as having been successfully practiced by Dr. Baker, of New York, I aimed to follow the directions there given to the letter. One step of the operation, however, I am inclined to think was not properly performed. Having no probe-pointed bistoury at hand, save one that was curved on the sharp, I necessarily divided the fibers at the neck of the bladder somewhat freely. Were I again to operate for the same trouble I should take good care not to injure any of the tissues at that point. The difficulty of extracting the pessary being due almost entirely to its *shape*, I now think that by cutting down to the neck of the bladder, *and no further*, I might have withdrawn the instrument without much difficulty.

Fourth. Was the after-treatment correct? By no means. And here I venture to say that the advice laid down in most surgical books is radically wrong. The books to which I have had access direct that we should leave a catheter in the bladder and enjoin perfect rest on the part of the patient—quoting exceptional cases to prove that union of the divided

parts will occur, and the patient escape fistula. Further on they tell us that to cure fistula we must pare well its edges, bring them together in perfect apposition, and maintain such apposition by ligatures properly applied. Why not say that the ligatures should be applied as soon as we have extracted the foreign body? Surely never again can we have such perfect apposition. The hand of the surgeon, wielded with ever so much skill, can not pare the edges of a fistula so that they will fit as accurately as when first divided; for he who has placed a knife against the hardened edges of a urethro-vaginal fistula knows that to pare them well is both a difficult and tedious task.

The expulsive pains heretofore alluded to proved a very formidable obstacle to the success of my attempts at closing the fistula. To them and to the resulting difficulty of retaining a catheter in the urethra—the instrument escaping the second day after the operation, during the absence of the nurse, and remaining out some twelve or fifteen hours—I attribute the partial failure of my second operation.

MOOREFIELD, IND., OCTOBER.

[The above is the fifth recorded case of introduction of the open-lever pessary into the bladder—Dr. H. R. Storer having reported two, Drs. T. O. Edwards and Byford each one. The only feasible method of removal, according to Dr. Storer, is by the urethra. Failing in this, we should prefer simply a vesico-vaginal opening to one involving the urethra.—T. P.]

ON THE TREATMENT OF TYPHOID FEVER.

BY J. HALE, M. D.

Typhoid fever is an infectious disease, and, like all other diseases of that class, runs a definite course. It produces no necessary or direct change in the structure of any of the vital organs of the body, and has a strong natural tendency to terminate in health. This is seen when the disease is left entirely to itself, as well as when it is subjected to the various modes of treatment. This tendency to recover has been a constant source of fallacy in our observations on the effects of different remedies in the disease, and has led many observers to attribute to certain drugs results which were due to the workings of nature. Hence the endless variety of remedies that have been recommended in the treatment of this fever. We have no remedial agents that will arrest the progress of the disease, or even materially abbreviate its duration. The most that we can hope to do is to conduct it through its course to a favorable termination. The means necessary to accomplish this end are not to be found in a single remedy or fixed course of treatment, but only in the judicious use of various remedies.

In mild, uncomplicated cases, I have found but little medication necessary. I begin the treatment by giving a purgative dose of calomel or blue mass, or, if mercurials are contraïndicated, I prescribe castor-oil and turpentine; and after the bowels have been moved I give fifteen grains of chlorate of potash, dissolved in half a glass of cold water, every three hours. I have been using this remedy in the treatment of typhoid fever for several years, and have found it to act well as a diuretic and diaphoretic, besides its salutary action on the blood, and on the irritable or inflamed mucous membrane of the intestinal canal, so common in this diaease.

To reduce the temperature and control the febrile excitement I have found no remedy equal to water, applied either cold or warm, as may be most agreeable to the patient. I apply the water by means of a sponge to the entire surface of the body every two or three hours, or by a bath, to be repeated as often as necessity may require. I continue the use of the water throughout the entire course of the fever, regulated as to temperature and frequency of application by the indications present in each case. I have seldom found it necessary, in mild cases, to use any other means in the early stage of the disease than those above mentioned.

The bowels need but little if any attention in this stage; the diarrhea I never interfere with unless it becomes exhausting in its effects, and then I only aim to control it in some degree, which I do by the use of acetate of lead and opium in sufficient doses to accomplish this end.

In the more severe cases of the fever, or when the remedies I have mentioned fail to moderate the fever in sufficient degree, I give veratrum viride or digitalis in sufficient doses to control the circulation. If the pulse rises to one hundred and thirty or one hundred and forty a minute, and the temperature to one hundred and five or one hundred and six degrees Fahr., death is liable to occur from "paralysis of the heart," or some serious injury may be done to other vital organs by the intensity of the fever. In such cases I have been in the habit of administering veratrum viride, in tincture or fluid extract, in sufficient doses to reduce the pulse down to seventy or eighty, and of continuing it as long as necessity required. In delicate or aged subjects, and when the veratrum produces much nausea, as it sometimes does, I prefer the digitalis, given in substance or infusion, in sufficient doses to accomplish the desired end. Fifteen to twenty grains may be given in twenty-four hours, if necessary, without fear of injury. So soon, however, as the pulse is materially reduced in frequency I stop the digitalis, and I never have found it

necessary to resume it again. The pulse in some cases continues to fall even below its normal frequency, and this reduction I have known to continue in some cases for several days in succession.

I have used these remedies for several years in the treatment of typhoid fever, and have never known them to fail to reduce the pulse and temperature in a marked degree when given in efficient doses. I have seldom found it necessary to use the veratrum or digitalis for a longer time than a week or ten days.

I have given the sulphate of quinine in full doses in typhoid fever with very decided benefit. Given in the early stage of the disease, in ten grain doses every four hours, it seldom fails to control the fever in a marked degree; often producing a free perspiration, with a decided reduction of the pulse and of the temperature of the body. These effects, however, continue only so long as the sedative effects of the quinia are maintained. If the quinia is omitted, the pulse and temperature soon rise again, proving conclusively that quinia exerts no curative influence over simple typhoid fever.

There is, however, a frequent complication in all malarial districts, in which quinia is a valuable remedy. We are meeting at this time in this city quite a number of cases of typho-malarial fever in which I have been using quinia freely, and with very decided benefit. These cases usually begin with a chill, followed by fever, which continues to be characterized by decided remissions in the morning and exacerbations in the evening, with diarrhea, and not unfrequently with hemorrhage from the bowels. In the treatment of these cases in the early stage I have relied entirely on the use of quinia and opium, and an occasional dose of blue mass. This treatment succeeded in every instance in subduing the malarial element, but left the patients still laboring under typhoid fever, which run its usual course, and demanded the ordinary treatment.

In the second stage of typhoid fever I have seldom found it necessary to employ any active remedies. I continue the use of water, employed two or three times a day, and the chlorate of potash as before directed. I have used the mineral acids in this stage with apparent benefit. The dilute muriatic acid, in fifteen drop doses in half a glass of water every four hours, is a remedy in which I have much confidence. I have sometimes found it necessary to prescribe wine or brandy in this stage, but I never employ them unless they are positively indicated. I believe the indiscriminate use of brandy in the management of typhoid fever, as is frequently practiced in this country, to be a very hazardous treatment.

To procure rest and induce sleep, when necessary, I give opium in some form. I am in the habit of giving an opiate every night. I never prescribe purgatives after the bowels have been once evacuated unless they are positively demanded. I have had cases where the bowels were allowed to remain constipated for ten days at a time without any unpleasant symptoms. If the bowels are too active I use acetate of lead and opium to control them. I consider it important in this stage of the fever to keep the bowels quiet.

In the third stage of the disease I have found it necessary, as a general rule, to use tonics and stimulants. I am in the habit of giving quinia in tonic doses, combined with extract of hyoscyamus or opium, if the bowels are too active, every five or six hours, and whisky or brandy every two hours. This course of treatment I have found to answer every indication in mild cases; but we not unfrequently meet with cases presenting special symptoms which require special remedies.

Tympanitis is a very troublesome symptom in some cases, for the relief of which I have relied almost exclusively on oil of turpentine, given in twenty-drop doses, with spirits of lavender, in drachm doses, in mucilage of acacia, every three hours, and continued as long as necessity required.

Diarrhea is often troublesome, and sometimes difficult to

control. In this stage of the fever I have used in such cases, with more benefit than any other remedies, the nitrate of silver and opium, in doses of one grain each every four hours. Hemorrhage from the bowels if slight requires no special attention, but when profuse should be promptly arrested. I have never failed to do this with acetate of lead and opium in full doses every two hours, and injections of acetate of lead, ten grains to half a pint of cold water, thrown into the rectum after each evacuation, and the application of ice to the abdomen.

Delirium, when occurring in the early stage of the fever, needs no special treatment; but in the advanced stage it demands attention. I have seldom failed to control it with morphine and brandy, given as often and in such doses as necessity required. The hydrate of chloral is a remedy of some value in such cases, but my experience with it has not been sufficient to entitle me to any definite opinion in regard to its use as a remedy in delirium.

Epistaxis is a very troublesome symptom in some cases of typhoid fever, and has been especially so here this season. I have generally controlled it by injecting a solution of perchloride of iron into the nasal cavities, and when the injections failed I plugged both the anterior and posterior cavities. Bronchitis is a frequent complication, especially in the winter season, but requires very little treatment in addition to that employed in the treatment of the fever. Whenever other means seem to be demanded, I generally rely on counter-irritation to the chest by means of sinapisms or hot turpentine stupes, followed, if necessary, by flying blisters or the tincture of iodine freely applied to the front part of the chest two or three times a day. Pneumonia is a much less frequent but a more serious complication than bronchitis, but may be managed in about the same way. Coma and subsultus tendinum are symptoms sometimes met with in this fever, but seldom demand any special attention.

The hygienic treatment of typhoid fever is scarcely of less importance than the therapeutic. The sick-chamber should be large, well ventilated, and kept at a temperature of sixty degrees Fahr.; the bed and body linen should be changed at least every other day; the position of the patient should be frequently changed, especially in the advanced stage of the fever; the night-vessel used by the patient should be disinfected by putting into it a solution of chloride of zinc or permanganate of potash every time before it is used.

The patient's drink should consist of cold water, lemonade, etc., and should be allowed *ad libitum;* and if the patient should fail to call for drink it should be regularly administered. The diet should be regulated according to the indications present in each case, considering the stage of the disease, the condition and calls of the patient, etc. It should always be in liquid form, and in the early stage, as a general rule, should consist of rice-water, toast-water, the juices of fruits, buttermilk, etc. In the second and third stages it should consist of milk, eggs, beef-tea, soups, etc.

The calls of nature should be respected, as a general rule. I have had many cases in which the patient could only use certain articles of diet, and they were urgently craved and taken with great relish. I recently attended a lady whose stomach became so irritable during the second week of the fever that it would retain neither food nor medicine. On calling to see her one morning I found her in a state of great excitement, and she informed me that she must have some vinegar, salt, and pepper; that she had been craving them for several days, but her husband had refused to let her have them. She said she had slept none during the previous night in consequence of thinking about those articles, and that she had taken them when a child when sick with fever, and they had always agreed well with her stomach. To quiet her mind, and to test "Nature's voice" in this case, I ordered her to have them, and to use them in small quantities during

the day until she was satisfied. On the next morning I called to see her and found her perfectly quiet. She informed me that she had slept well during the night, and that she had neither vomited food nor medicine since she commenced the use of the vinegar, salt, etc. She was much better in every respect, and continued so until convalescence was established. I have had many similar cases occurring in my practice, and have been in the habit of allowing my patients to take any article of diet, in moderation, called for by their appetites, nor have I ever known any unpleasant effects to follow. In fact I have long since made it a rule to inquire of my patients when they have no appetite if they can think of any article of diet they would like, and if they can I always allow it in moderate quantities.

During convalescence I caution my patients to be very particular as to their diet and the use of aperient medicines. I direct them to use castor-oil or a simple enema to open the bowels, when necessary, and to use no solid food for at least a week after all febrile phenomena have passed away.

OWENSBORO, KY.

A CASE OF CHRONIC SPERMATORRHEA.

BY J. R. BARNETT, M. D.

A gentleman, aged twenty-three years, has had spermatorrhea for about five years. Throughout almost that entire period he has been under the care of one medical man and another. He is remarkably intelligent, well educated, refined, and converses freely and appreciatively about his condition. He is scrupulously neat and cleanly in habits and person.

There is no reason to suppose that the disease has its origin in self-abuse, for he has always, *through choice*, had a room-mate and bedfellow, and has from the first made no secret of his complaint, and himself devised many ingenious contrivances to insure a lateral recumbency, he being satisfied that the emission only occured when he occupied the dorsal decubitus.

Very early in his disease, he consulted and rigidly followed the advice of a competent physician. He attributes his condition to the debility resulting from a studious and sedentary life at college, where, being ambitious, he confined himself too closely to his books, neglecting the necessary exercise and out-door recreations. He has no disposition to avoid female society; on the contrary, is as fond of it as most young men, and frequently attends parties and dances.

By medical advice, he left college some three years ago, and has since been at intervals under my treatment.

In addition to what had been advised by previous medical attendants and my own endeavors, I have during these three years consulted, orally and by letter, many prominent and experienced surgeons and physicians in different sections of the Union, touching his case, and have tested each and all the remedies recommended which had not been tried before, patiently and well. Some gave temporary relief; most produced no beneficial result at all.

From the first he has used cold water freely by shower, douche, sponge, and hip baths — the latter especially — always rubbing the skin briskly after bathing with a harsh towel until the surface was aglow. In addition he has had the tonics, vegetable and mineral; the ferruginous frequently, as he is somewhat anæmic; diuretics, bland and irritating; buchu; uva ursi; cantharides; potass. acetat., etc.; bromides of potassium and ammonium, in doses increased to the heroic point almost; bicarbonate of soda, on going to bed, as recommended by Dr. Dowling, of Galveston; cauteriza-

tion at intervals by Lallemand's *porte caustique;* issues in the perineum; blisters and irritating applications to the sacrum; in short, not only the ordinary course as laid down in standard authorities, but many eccentric remedies and artifices too numerous to recount, and all without perceptible amelioration of the evil.

Some months ago, disheartened by the previous many failures, I ordered for him (I confess, with small hope of success) the following:

℞.—Acid. phosphoric. dilut., m. lxxv; Ext. ergotæ fld., ℥j; Tinct. colombð, ℥iij. M. S. A dessert-spoonful three times a day, half an hour before meals, in a small wine-glassful of water.

To my infinite surprise and gratification, a week afterward my patient reported to me that he had not had a single emission since the first day of his taking the mixture.

It is well to state here that his emissions were all nocturnal, except the secretions of the prostate and the urethral mucus, which frequently escape during defecation. They number from one to three nightly, and are most generally unattended by erection or lascivious dreams.

I have seen him almost every day since, and up to date he has been entirely free from his old trouble, and is radiant with the belief that he is permanently cured.

Not being able to procure the dilute acid at the time of writing the first prescription, I ordered a solution of the glacial acid, in the proportion of 38½ grs. to the fluid oz. of distilled water, which, agreeably to Wood and Bache, is about equivalent in strength to the officinal dilute acid. As it served the purpose so well, I have continued to use it.

I was induced to add the ergot by the hope that it might in some way influence the contractile tissue of the organs involved similarly to the manner in which it affects the uterus. Of the colombo I of course expected nothing, save its effect as a bitter tonic.

The mixture is not unpleasant to the palate, and keeps well during the time necessary to consume the above quantity of four ounces.

"*Ex pede Herculem*" may obtain in this instance; and claiming naught for originality in the above, though I have never either seen or heard of a similar treatment, I sincerely hope and believe that a trial of it in other hands, and by those having a larger field for testing it than is accessible to me, will result in good to others similarly afflicted upon whom other measures have failed.

If I had a case of chronic spermatorrhea upon which the bromide of potassium had not been effectually and persistently used, I would combine it with the above, with which it makes an elegant mixture.

VICKSBURG, MISS., OCTOBER.

Reviews.

Clinical Lectures on Pulmonary Consumption. By FELIX VON NIEMEYER, M. D. New Sydenham Society: London. 1870.

So valuable an addition as the above work is to the physician's library entitles it to a more extended notice than we can give it at present. The translator, Dr. C. Baeumler, of London, deserves many thanks at the hands of the profession for rendering into such clear and excellent English that which would be a *terra incognita* to those unversed in the German tongue.

Prof. Niemeyer's views as to the pathology of pulmonary consumption are those which are very generally entertained by continental authorities. It is not for us to say whether or not they are correct. Time and clinical research will have to determine this point. To express these views as briefly as possible, Prof. Niemeyer holds that the teachings of Laennec and others as to the nature of consumption are wholly incorrect. The cheesy deposits found in the lungs, heretofore denominated infiltrated tubercles, according to our author are not tubercles, nor are they specific products, nor the results of any specific constitutional taint or predisposition; they are but transformations or degenerations undergone in a common acute or chronic inflammatory or pneumonic exudation. The old dogma that consumption can not be developed from an ordinary catarrh or pneumonia without an attendant predisposition, hereditary or acquired, is therefore contradicted. With him there is but one kind of true tubercle, viz., the

miliary tubercle, as there is but one kind of true tuberculosis, viz., the *miliary* tuberculosis.

It is gratifying to both physicians and patients to observe that Niemeyer is of the belief that consumption is a very curable affection. Would that we could conscientiously think so! We envy the solace which such an opinion must afford him. But this favorable prognosis applies to cases of infiltrated cheesy deposits in the lungs, not to those in which there is a deposit of true miliary tubercles. Miliary tubercles may occur alone or in connection with the infiltrated masses. In the latter instance they are regarded as mere epiphenomena, but as such they complicate the case and render the prognosis more unfavorable. Hence the paradoxical assertion of the author that *the greatest danger to most phthisical patients is the development of tubercles.*

Hereditary influence and diathesis in the causation of pulmonary consumption are not given any very great prominence, indeed they are almost entirely ignored.

Among the causes of pulmonary consumption our author includes foreign bodies in the air-passages, chief among which stand blood-clots left after bronchial hemorrhage. The old doctrines of Hippocrates and Hoffman are therefore revived, while those of Louis and Laennec are discarded. The idea of pulmonary hemorrhage standing in the relation of cause to consumption seems strange to those who have always regarded it as an effect.

We notice nothing particularly novel in the author's symptomatology of phthisis, unless we except the differential diagnosis between miliary tuberculosis and chronic pneumonia. It is thought that the thermometer as a means of diagnosis is more available in phthisis than in any other affection.

The chapter devoted to the therapeutics of phthisis is exceedingly brief, but certainly long enough for all practical purposes. Niemeyer's treatment grows naturally out of his pathological views. Prophylaxis of acute catarrhal affections

and the arrest of inflammatory exacerbations are the chief ends in view. In the fulfillment of the latter indication great confidence is reposed in rest and light diet, together with quinine, opium, digitalis, and other remedies of the sedative and febrifuge class. In the interval of acute extension of the inflammatory process everything which will sustain and invigorate is advised. While cod-liver oil is regarded as efficacious in most cases, the author claims that it is not superior to unskimmed milk and the large consumption of grapes. While he believes that there is no specific climate for phthisis, much good is accomplished by change of air from cold, bleak winters to a warmer atmosphere.

We have thus hurriedly sketched some of the salient points of this very able monograph. Its attentive perusal will amply repay those who are anxious to place themselves *au courant* with the van-guard in the onward march of practical medicine. Prof. Niemeyer is evidently an earnest worker, a profound thinker, and an accomplished practitioner, as the work before us and his elaborate treatise on the practice of medicine bear testimony. C. R.

Archives of Ophthalmology and Otology. Edited by Prof. H. KNAPP, M. D., New York, and Prof. S. MOOS, M. D., Heidelberg. Vol. I., No. 2. New York: William Wood. 1870.

This, the second number of the above excellent publication, is of even more interest and value than the first.

Prof. Knapp contributes an instructive paper on purulent otitis media, caused by the nasal douche, which we think will have the effect, wherever read, of making physicians recommend less indiscriminately this means of cleansing the nares. After considerable experience in the use of the nasal douche we can say that we have never seen any of the evil conse-

quences which are now being attributed to it, but we can easily conceive how they may occur, and when cold water is used how they will occur in many cases. But there is no necessity for running *cold water* through the nose. It not only has the drawback of producing discomfort, and oftentimes actual suffering, but, as recent publications show, is attended by serious danger to the ears. But when warm water is used there is no reason to believe that it is capable of mischief; and, as a means of treating certain naso-pharyngeal diseases, it would be a serious inconvenience to the physician to do without the nasal douche. Prof. Knapp has abandoned it altogether, and instead applies remedies by the posterior nares syringe. In our hands, and using tepid solutions, we have not observed more, if so much, sneezing and coughing from the douche as follows the use of remedies by the syringe.

Dr. Blake, of Boston, describes a new form of wire snare for the removal of aural polypi, which we think is a great improvement on that of Sir William Wilde, the one in most general use.

That excellent ophthalmic surgeon, Dr. B. A. Pope, of New Orleans, contributes a valuable paper on the "Use of Acetic Acid in Affections of the Conjunctiva and Cornea." Dr. P. has found the acid useful in *warty degeneration* of the palpebral conjunctiva; in the relaxed condition of the conjunctiva of the cul-de-sacs, with hypertrophy of the epithelial layer, which sometimes follows chronic conjunctival disease; in some cases of trachoma in the stage of development, where the neoplastic growths were *very superficial*, and where ordinary applications seemed for the moment to favor the progress of the disease. When used for trachoma it should be applied seldom, and its application limited to the granulations, the surrounding conjunctiva being spared. Dr. Pope has further used the acid with benefit in a case of inflamed pinguecula, where excision was declined by the patient; in two cases of calcareous degeneration of the epithelial layer of the cornea; and in the

hypertrophied condition of the lachrymal caruncle and semilunar fold in cases of pterygium. He thinks the acid had best be applied before removing the morbid growth, since the cure is expedited by having the tumors free from irritation before operation.

The acid used was of specific gravity 1.041 (No. 8). It was applied by means of the smallest size camel's-hair brush, and great care exercised that the brush should not hold too much of the acid. Its action is that of a mild escharotic, causing but transitory pain and only moderate reäction. It produces much less distress than either the sulphate of copper or nitrate of silver. "The slough comes away quickly and leaves a clean surface, which, as a rule, heals promptly." "It is well to remove any moisture from the surface to which it is to be applied."

The remaining papers in the volume are of unusual excellence; but, as they relate chiefly to the physiology and morbid anatomy of the organs, their chief interest is to the student of ophthalmology and otology.

The work is published in beautiful style, the paper and type being in every way admirable. No physician who desires to practice on the eye or ear should be without the Archives.

Report to the Surgeon-General of the United States Army on certain points connected with the Histology of Minute Blood-vessels. By Brevet Lieut.-Col. J. J. WOODWARD, Assistant Surgeon U. S. Army. Washington, D. C., 1870.

The views of Cohnheim upon inflammation, which have been for some years exciting great interest in professional circles, have led Dr. Woodward to institute a series of photo-micrographic investigations, a report of which, in pamphlet form, accompanied by eleven large photographs, is before us.

As is well known, the theory of Cohnheim is based upon the discovery of stomata, or pores, in the walls of blood-vessels, and the exit through these, during inflammation, of white blood-cells, these then becoming ordinary pus-cells. He brings to the support of this revolutionizing theory many convincing proofs. Some histologists have succeeded in confirming these; others have failed. Dr. Woodward takes rank with the former class. His experiments and the accompanying photographs are well worth study.

He prepares fresh epithelium by moistening it with a solution of crystallized nitrate of silver in distilled water—one part to four hundred—and then exposes the specimen to the chemical action of light, which causes the boundaries of the cells to turn black, the cell contents usually undergoing no change. The nuclei are next stained with carmine, and the preparation then mounted according to one of the usual processes.

The first ten photographs and explanations go to demonstrate the existence of stomata, scattered along the boundary lines between the epithelial cells. He compares their appearance to the Wormian bones. These stomata vary in size from one four-thousandth to one ten-thousandth of an inch in diameter, and abound most in the walls of veins, one fiftieth of an inch in diameter. Dr. W. believes the failure on the part of Balogh and others to discover them is due to want of care in the use of the silver. White blood-cells are uniformly one twenty-five-hundredth of an inch in diameter, and the object of Plate II. is to show how these may escape through stomata one ten-thousandth of an inch in diameter. It is perhaps the most interesting of all the plates.

The position of the white cells in the still layer has long been known and variously accounted for. During healthy circulation they are rolled along, though slowly. During stagnation, as in inflammation, it is asserted that they exhibit amœboid movements, elongating and variously altering in

shape, thus moving independently and escaping through the pores. Dr. W. has detected and photographed these curious amœboid movements of white cells taking place in the walls of a small vein of the inflamed stomach of a mare. He does not as yet accept *in toto* Cohnheim's conclusions, but looks upon the question as demanding further research. We hope to hear soon of a continuation of his valuable investigations. We are glad the subject has excited the attention and labors of the War Department. E. R. P.

A Treatise on the Theory and Practice of Obstetrics. By W. H. Byford, A. M., M. D., Professor of Obstetrics and Diseases of Women in the Chicago Medical College, etc. New York: William Wood & Co. 1870.

Prof. Byford is worthy of all praise and honor for the industry and success which have marked his professional career. His history is a reproof to the indolent and a stimulus to every earnest worker. He commenced his professional studies, if we are not greatly mistaken, somewhat late in life, and under disadvantages which would have deterred one less brave and strong; and to-day he ranks among the foremost men of the American medical profession.

Dr. Byford's last work will add to, not detract from, his well-earned fame. While our preference is for Cazeaux or Hodge, we can easily find reason for commending Byford. As an abstract of the present condition of the obstetric art, clearly presented, it will be regarded with great favor by many, both practitioners and students. Its author is not a mere imitator, or an echo; possessing no mean erudition, he is also evidently one who thinks for himself, and his pages reveal a practical wisdom such as can only be derived from large experience and patient reflection.

Having said this much in commendation of Byford's Obstetrics, we have some fault to find. When we see one of our profession publishing himself as master of arts, we have a right to expect that he will at least write the English language correctly; indeed the title presupposes such a liberal education that its possessor shall write not only correctly, but with ease and grace.

Let us take a few sentences from Dr. Byford's Obstetrics, and see how the needless multiplication of words and their improper arrangement in a sentence — these are his chief faults as a writer — mar his style, obscure or even sometimes pervert his meaning.

In referring to the corpus luteum of pregnancy, he says: "The corpus luteum empty cavity of the ovisac correspondingly increases in size for several weeks." Undoubtedly the corpus luteum increases for three months or more, but not the "empty cavity."

When impregnation occurs, Dr. Byford tells us, "all the genital organs increase in vascularity, and remain turgid and swollen. Especially are the uterus and ovaria swollen. This continues until in a short time it merges into hypertrophy, and the uterus and ovary grow larger, acquiring more substance." Is not hypertrophy enough without growing larger and acquiring more substance?

Dr. Byford speaks of spermatozoa as "these entities, for they are not properly independent beings, although they have very much the appearance of it," etc. "Of it" — what it? Entity in its very etymology implies existence, being; but what the doctor means when he uses the word we do not know. Let us now take two sentences on page 130.

"In protracted diseases there are two general evils generated, to which our especial attention should be directed as having a peculiarly deleterious influence on the fetus — the deterioration of the blood as an oxygen-carrier, and the depression of the nervous energies which control the organic

functions as a consequence, that preside over fetal development. . . . . And to insure the patient against this evil I have for a number of years been in the habit of using chlorate of potassa in such patients, where disease has been protracted for a length of time, with good results, I think, generally mixed with food of an appropriate character," etc.

In the first nervous energies control the organic functions as a consequence, and in the second good results are mixed with food of an appropriate character.

If these were only occasional *maculæ* we would not have noticed them; nor indeed would we did they not occur in the writings of a master in the profession, who, by these errors—proceeding probably in most instances from carelessness—will lead many who read them into the commission of similar ones, for the style of an author whose teachings are admired will often contribute to mold the style of his readers.

There are other subjects of criticism in Dr. Byford's Obstetrics. "Feti" is given as the plural of fetus, a mistake which no boy who has been as far as the fourth declension in Latin grammar should make. We have animalcula twice for animalculæ; and, among the lesser errors, twice Dr. Stephens takes the place of Dr. Stephen Rogers, and once each Tarnier and Baudelocque appear as Tanier and Boudelocque. Our author is another one of the many instances where great professional learning and marvelous professional skill are linked to but meager scholastic attainments. There are many such in the profession in this country.

The Morbid Anatomy of the Placenta. By JAMES T. WHITTAKER, M. D., Cincinnati, Ohio. (Reprinted from the American Journal of Obstetrics.) New York: Townsend & Adams.

For this essay its author received a prize of one hundred dollars in gold. The criticism of a production bearing such evidence of merit and value would be a bold undertaking.

Entertaining for its talented and industrious author feelings alike of admiration and personal regard, rather than attempt to play the critic, as a friend we present our congratulations on the success which he has achieved.

A complete analysis of Dr. Whittaker's paper would occupy more space than the practical character of our journal permits. We must be content with saying that he has well-nigh exhausted the literature—more especially French and German—of the subject; and yet let us suggest that in Priestly on the Gravid Uterus and in various volumes of the Transactions of the London Obstetrical Society there will be found a few truths and cases which might add, if that were possible, to the riches which he has accumulated.

A Sketch of the Early History of Anatomy. An Introductory Address at the Philadelphia School of Anatomy by WILLIAM W. KEEN, M. D., Lecturer on Anatomy at the Philadelphia School; Lecturer on Pathological Anatomy at the Jefferson Medical College, etc. Philadelphia: P. Madeira. 1870.

This is a pamphlet of thirty pages, containing the best account of the progress of anatomy with which we are acquainted. It is not, as such things generally are, a transposition from *Renouard*, but is drawn from original sources, ranging from Hyrtl's Hand-book to the Newgate Calendar.

Dr. Keen has combined in the authorship of this lecture the erudition of the scholar and the enthusiasm of the anatomist. It is both curious and instructive, and will prove intensely interesting to lovers of anatomy, and ought to stimulate students to make use of their present advantages, seeing what names have been won in this field, and at what sacrifices.

We are glad so valuable a contribution to our medical literature has been preserved in a permanent form. R. O. C.

Manual of Human and Comparative Histology. Edited by S. STRICKER: Assisted by J. Arnold, Babuchin, O. Becker, Biesiadecki, J. Boll, E. Brücke, Cohnheim, Eberth, Th. W. Engelmann, Gerlach, Iwanoff, E. Klein, W. Kühne, Langer, v. La Vallette, Leber, Ludwig, Sigmund, Mayer, Mynert, W. Müller, Obersteiner, Pflüger, Preyer, v. Recklinghausen, A. Rollett, Rudinger, Max Schultze, F. E. Schulze, Schwalbe, Schweigger-seidel, Ludwig Stieda, C. Toldt, E. Verson, Waldeyer, and others. Volume 1. Translated by HENRY POWER, M. B., Lond., F. R. C. S., Ophthalmic Surgeon to St. George's Hospital; Examiner in Physiology and Comparative Anatomy in the University of London. The New Sydenham Society: London. 1870.

Thirty-two years ago histology could hardly have been said to exist as a separate science, so imperfect and incorrect was the sum of knowledge upon the subject. Since that time, however, it has made rapid strides onward. The first cell theory originated in Germany, and the preponderance of later discoveries dates from the same source. So far we have had little else than disjointed essays for our instruction. Kölliker's Manual, at the time of its publication a most excellent and comprehensive work on microscopy, was soon left far behind in the wake of progress, and Virchow's Cellular Pathology has not yet been followed by its promised and essential sequel. The work before us is certainly far in advance of anything extant, and fully up to the times. Written after the plan of Reynolds's System of Medicine and Holmes's System of Surgery, it has among its list of contributors the names of many of the most celebrated histologists of our day, and their various articles bear witness to their ability.

The various and valuable improvements in microscopical appliances chronicled in the introductory chapter, calculated to preserve unimpaired during examination the normal delicacy of specimens, point unmistakably to mechanical ingenuity as the motive power of further progress in this department of science.

We sincerely regret the want of space for a review of the work chapter by chapter. It emphatically fills an existing void, and should be owned and read by every physician who feels an interest in the scientific basis of medicine. The chapter on the lymphatic system by Von Recklinghausen is alone worth more than the price of the entire book.

The present volume contains essays on general methods of investigation, and on cells, connective tissue, muscular tissue, nervous tissue, the blood-vessels, the lymphatic system, the alimentary canal, the heart, thymus, thyroid, etc.

We trust the translation will soon be completed. As is seen by the title-page, this labor has been performed under the auspices of the New Sydenham Society, who, in thus giving to the readers of the English tongue so valuable a work, merit the highest praise. E. R. P.

Clinic of the Month.

A Horseshoe Pessary in the Bladder. — In commenting on a case reported to the Gynecological Society of Boston by Dr. Edwards, in which a physician introduced a Hodge's open-lever pessary into the bladder, and for its removal resorted to incision and force, with the result of much subsequent suffering, and a persistent vesico-vaginal fistula, Dr. Storer remarked: "It would be supposed by many that the accident was almost an impossible one to occur in skillful hands. This was, however, a mistake. In the two cases which he had conducted the previous attendants were gentlemen familiar with their art. The truth was that those who were constantly using pessaries became almost too expert; their very adroitness of itself engendered a species of carelessness. It was easy to see how, in the case of an unmarried woman with a narrow vulval opening, and sensitive at that, the point of one of the lateral rods of the pessary might become engaged within the orifice of the urethra; entering a short distance, and receiving the over-twist motion or semi-rotation, it might easily escape from the grasp into the vesical cavity. He believed it was very much easier thus to introduce than to remove it, and that, as he had indicated when putting the first case of the accident upon record, the only feasible method of removal was by the way the pessary went in — through the urethra. Dr. Byford's case received additional interest from the fact that the patient was pregnant; the pessary remained within the bladder for three months, and was finally extracted without interfering with the progress of gestation. As to the proper method of intro-

duction of the horseshoe pessary there was a frequent want of understanding upon the part of physicians. He had known instances where, instead of introducing one limb first and swinging the instrument by semi-rotation into its place, the cross-bar had been forced squarely in, just as in the case of the closed lever; whereas in fact the largest horseshoe, properly introduced, could easily pass through an opening that would not admit the smallest closed lever, as was seen in these bladder cases." (Journal of the Gynecological Society of Boston.)

Blood-letting in Uterine Diseases.—Dr. Storer says: "While there were few gynecologists that did not believe in local blood-letting, as few resorted to its general abstraction, except in very exceptional cases. In a much larger proportion of the cases presenting themselves for treatment there was anæmia rather than plethora; and anæmia from prolonged and exhaustive discharge, not necessarily of blood, but of fluids akin. Where it was necessary to deplete, it was aimed to produce the desired effect with the smallest possible actual loss of blood. Leeches were now but seldom applied in this part of the country. Their employment was tedious, and, if used within the vagina, care had to be taken not merely to keep them from entering the uterine cavity, but that they only attached themselves to the cervix and not to the vaginal wall, for fear of excessive hemorrhage, controllable with difficulty. Local depletion of the cervix by scarification was far preferable, or rather by puncturation—for to puncture, and somewhat deeply, was better than to superficially incise the mucous membrane. This, however, was of advantage in hyperæmia of the uterine cavity. It was often of advantage, instead of blood-letting, to obtain a free discharge of serum from the cervical capillaries by the application of glycerine, as suggested by Dr. Marion Sims. This method might very properly be termed salivation of the cervix. The importance,

in reference to inflammations of the uterus and ovaries, of attending to any form of rectal disease that might be present should not be forgotten. Dr. S. believed that in many instances of pelvic cellulitis and parametritis the disease might be cut short, if properly diagnosticated in its earlier stages, by appropriate antiphlogistic treatment." *(Ibid.)*

Digitalis as a Stimulant in Heart Disease. — Blair D. Taylor, M. D., one of the physicians of Bellevue Hospital, New York, calls attention to the use of digitalis as a stimulant to the heart when, by reason of disease, it has become too feeble to send the blood into the radial artery. In a case of this sort, which he reports at length, the tincture of digitalis, administered in large and quickly-repeated doses, restored power and regularity to the heart almost instantaneously. Dr. T. claims that the tincture of digitalis, in doses of one half to one drachm, exerts both a powerful and immediate *stimulant* effect on the enfeebled heart, and becomes a valuable agent where sudden death is threatened in heart disease. (New York Medical Journal.)

Phosphate of Lime in Night Sweats of Phthisis. — M. Guyot recommends as particularly useful in the sweats of consumption the phosphate of lime in quantities of from one half a drachm to a drachm and a half in the day. In a small proportion of cases it seemed inert; in the majority it diminished or quite removed the trouble. *(Ibid.)*

On the Hypodermic Use of Morphia in Diseases of the Heart and Great Vessels. — In an article on this subject Dr. T. Clifford Allbott says: "I use the hydrochlorate of morphia in doses varying from one tenth to one third of a grain; I seldom use half a grain, except in such a case as intense pain from angina or intrathoracic tumor. I always begin with one eighth or one sixth; and in ordinary cases I

find a quarter of a grain the proper dose — in a case say of mitral regurgitation with pulmonary congestion in an otherwise healthy adult. The dose is best given in an evening, and should always be followed by perfect quiet in the room. This last is an important element in all cases of injection of morphia. The urine should be examined, and the drug withheld or given with caution if albumen be found. I think, however, there need be no great fear of it during albuminuria only secondary to the heart disease, unless there be reason to suppose that excessive renal congestion be present and head symptoms at hand. As regards the class of cases in which the morphia is useful, it gives the most striking relief in angina with diseased coronary arteries, etc., in neuralgic distress from intrathoracic tumor, and in mitral regurgitation. It is very valuable also in small doses in so-called 'irritable heart,' whether this be due to weakness of the organ or instability of its nerves. It is less useful in disease of the aortic valves, and I think it is less valuable in mitral obstruction than in mitral regurgitation. In aortic disease, however, where the heart is big and pumping, it gives much ease." (*Ibid.*—Practitioner.)

The Use of Cannabis Indica by Smoking.— The cigarettes of cannabis indica, made by Grimault, of Paris, have been found most efficient in the treatment of affections of the organs of respiration and circulation, no less than in affections of the central and peripheral nervous system. The unpleasant effects which so often follow the internal and subcutaneous use of opium and of cannabis indica are not produced by the cigarette. Their use is recommended — 1. In spinal neuroses, chorea, and epilepsy. 2. In neurosis of the sensory nerves, neuralgia of the teeth, branches of the fifth pair, the sciatic nerves. 3. Neuroses of the motor nerves, spasm of the throat and air-passages. 4. Affections of the sympathetic nerves, hysteria, and other diseases not attended with plethora, and

congestion of the head, heart, or lungs. They are especially useful in asthma, pertussis, spasm of the stomach and intestinal canal, nervous palpitation of the heart, and exert a quieting influence over the whole nervous system. *(Allgemeine Medizinische Zeitung.)*

How Infectious Diseases are Caused. — Prof. Huxley, in his inaugural address before the British Association, pays the following tribute to Prof. Lister's writings on antiseptic surgery: "It seems to me impossible to rise from the perusal of those publications without a strong conviction that the lamentable mortality which so frequently dogs the footsteps of the most skillful operator, and those deadly consequences of wounds and injuries which seem to haunt the very walls of great hospitals, and are even now destroying more men than die of bullet or bayonet, are due to the importation of minute organisms into wounds, and their increase and multiplication; and that the surgeon who saves most lives will be he who best works out the practical consequences of the hypothesis of Redi." (Medical Mirror.)

Sulphate of Buxin as an Antiperiodic.—The employment of sulphate of buxin has recently been recommended by Gaspare Pavia, a chemist, as a febrifuge, and has been tried by Dr. Casati. He experimented on forty-five patients, twenty male and twenty-five female, the ages varying from five to sixty years. The type of the fever was tertian in twenty-five cases, quotidian in ten, quartan in five, tertian-duplex in one, and four were anomalous. The result was satisfactory in thirty-six cases, but in eight unsatisfactory. In each of the latter only two doses of the salt were administered, the patient desiring that quinine might be employed. Of this one dose removed the symptoms, showing that the buxin had modified the disease, and had it been longer persisted in would probably have effected a cure. The amount taken was

equivalent to about fifteen grains, which the patient took in six or eight powders during the period of apyrexia. In one patient seven grains effected a cure, while in ten adults it was found requisite to repeat the dose in order to remove the attack. A relapse only occurred in two instances. Twenty of the thirty-six cures were immediate; in the remaining sixteen one or two slight fits were subsequently observed. The salt did not in any instance produce any injurious effects, except perhaps in one, in which the second dose produced some faintness. All intermittent cases treated were free from complications. Buxin acts like quinine, and with the same energy in moderate cases, but in severe cases quinine is preferable. Buxin is in general to be preferred to quinine on account of its superior cheapness, and is especially to be recommended in those cases in which there is some idiosyncrasy on the part of the patient rendering quinine an objectionable remedy. (*Wien Wochenblatt*—Practitioner.)

Fly Blisters in Rheumatism.—Mr. D. McGregor, writing on blistering in acute rheumatism, says: "In a former number of this journal, while writing on another subject, I took occasion to state that in all cases of acute articular rheumatism coming under my care I applied fly blisters to all the joints chiefly affected with the best results. I would only say of it now that a more extended experience of this practice confirms the opinion I then expressed, that no remedy I have yet seen used produces so speedy and effectual a relief nor is followed by less annoyance than this mode of treatment. Among the class of patients I have had to deal with articular rheumatism is very common, and whether accompanied by fever or not, and however swollen or painful the joints, my regular practice is to apply at once a blister to every one of the joints seriously affected. Within twenty-four hours the relief is complete. On the removal of the blisters linseed-meal poultices are applied over the situations so treated for a few days, as the case may

be, after which nothing more is necessary; the patient is well, so far as rheumatism is concerned; but I have noticed a greater tendency than usual to catching fresh colds after this treatment, and I therefore keep the patients longer in bed than is necessary on any other ground, to avoid this risk. Generally a few days suffice for this, depending on the state of the weather. I have had no difficulty with the urine after blistering, and I am almost certain there is less risk of the heart becoming affected by this treatment than by any other I am aware of. I can not presume to say how or why the blistering acts so successfully in rheumatism, unless it be owing to the tendency the poison has to attack the fibrous structures of the joints, and that blistering not only determines it still further toward them, but makes way for its escape from the system in the serous discharge which follows. It may be argued against this practice that it is too severe and painful in itself, and would not be submitted to by higher-class patients. But if the treatment be as successful among these (which I have not ascertained) as among the poor, I am persuaded that the almost immediate relief obtained and the rapid recovery made are advantages not to be compared with any objections that can be urged against it." (New York Medical Journal — Edinburgh Medical Journal.)

On the Uses of Wines in Health and Disease. — In a series of admirable papers on this subject contributed to the Practitioner by its editor, Dr. Anstie, we find the following:

In Anæmia. — Anæmia resulting from hemorrhage nearly always does require and is immediately benefited by the use of alcohol; and this is best given in the form of full-flavored and potent wine. For such purposes full-bodied port-wine of moderate age, but retaining much of the richness of its original flavor, is decidedly the best agent; and we may venture to administer it with considerable freedom (*e. g.*, twelve to sixteen ounces, or six to eight small port-glasses for an adult) on the

condition that we never produce symptoms of narcosis. It will be found that these quantities are often well borne at first, but they must be rapidly and steadily reduced as the patient's condition improves, and as he becomes more sensitive to the action of alcohol. It is much more difficult to say whether or how much alcohol ought to be given in cases of anæmia which verge toward the chlorotic type. As a general rule, we strongly object to its use in this form of blood weakness, for we have found it complicate matters by increasing the headache and distaste for food, without really advancing the blood regeneration in the slightest degree; moreover wine has a tendency to make this class of patients more hysterical and self-indulgent than they otherwise would be. Exception, however, must be made for the case of rapidly advancing chlorosis of a dangerous type, with profound melancholy. Here the use of stimulants, and especially of generous port-wine, is often our most valuable resource; although it can only divert the course of the disease, and give breathing time to allow of the effectual use of tonics, food, and hygiene. Again, there is a class of anæmic cases in which the true source of mischief is nothing more than *neglect of bed*, coupled or not with anxiety and worry of mind. If this neglect of rest be inevitable, from the press of necessary work, then, imperfect as the remedy may be, we believe that alcohol must be allowed, and that pretty freely. It is an error to suppose that alcohol does nothing more than enable such persons to use up their brain tissue faster, and thus get more work out of themselves for the moment. We can not doubt that it affords substantial assistance, whether by the production of brain-force or possibly by aiding the nutrition of nervous tissue. Only it must always be remembered that the repair of all tissues is far more effectually provided for by periods of rest from strenuous exertion, allowing time for the more slowly convertible elements of food to have their full effect.

In Hydræmia.—We believe that no absolute rule as to the use of alcohol can be laid down, some such patients appearing to bear stimulation very badly. In the great majority of such cases, however, it is quite necessary, and the main point is to employ it in that form which will exert the maximum good influence upon appetite and digestion. We have always found the greatest effectiveness in port or sherry or marsala.

In Phthisis.—There are two classes of cases in which alcohol appears to play an important part in the arrest of phthisis. In a class of patients who have delicate skins and perspire very freely, and with whom at the same time oil and fatty matters habitually disagree (a not very common combination of conditions, but one which is seen in a certain number of instances), we have more than once seen remarkable effects produced by the entire abandonment of all medication, and the employment of large doses of spirit—whisky or rum; and a singular point in these cases was the *tolerance* of alcohol that was shown, even from the first. Even where the patient, however, is not affected in the peculiar way above indicated, and where he is able to take a fair amount of fatty and other nutrient matters, there is an important use for alcohol in certain contingencies, though we believe that it should be excluded from the routine of his daily life. We refer to the occurrence of hectic and other symptoms of acute softening; and we hold that there is a great want of discrimination in the way in which wine-treatment is often recommended or forbidden by authorities in these cases. The question must here be judged just as we have proposed that it should be judged in cases of acute disease—*experimentally.* In each case the effects of experimental doses upon the form of the pulse-wave, and on the temperature and the elimination of alcohol by the kidneys, should be carefully tested. When alcohol reduces temperature and the dicrotions of the pulse, and fails to pass away in notable quantity by the kidney, it *always does good;* but the slightest degree of narcotic action

of alcohol is decidedly harmful. As regards the form of alcohol to be employed, the main thing to be considered is the patient's fancy, as this will very generally indicate the proper forms of stimulant. Only we ought to be careful to know the alcoholic strength of the liquor, whatever it be, and we ought to be sure that the wine is free from acetous decomposition.

In the Wasting Diseases of Childhood.— Here there are a variety of conditions in which the judicious use of alcohol is invaluable; and here the stronger wines are invariably to be preferred, especially sherry. We have already referred to the use of small quantities of sherry in the case of children who, without manifesting any signs of positive disease, show a marked tendency from time to time to run down suddenly in flesh. But wine has a much more positive value in infantile wasting which is the expression of a serious constitutional vice. Among the conditions of this kind we may especially notice the scrofulous and the rickety forms of disease, and beyond all, well-pronounced tabes mesenterica. It is rather remarkable that the evident superiority of steel wine to other ferruginous preparations in the majority of these cases has not led to a more general consideration of the probability that the vinous part of the medicine goes for much in its effect upon the organism. Our own attention was principally called to the use of wine in infantile marasmus by the pre-eminent efficacy of the vinum ferri; and since that time we have very often made the experiment of relying on wine without the iron. The results have been excellent; and, in studying the matter as closely as we could, we have been led to the conviction that it is principally by fortifying the functions of primary digestion that the remedy produces its good effects. It is now our invariable custom to commence the treatment of all cases of tabes by prescribing a fixed allowance of sherry (given as medicine preferably, with the addition of a vegetable bitter) at the rate of from one to two ounces per

diem. Nor does it make any difference whether the case be complicated with diarrhea or not, only in the latter instance there is nearly always additional reason for strengthening the function of primary digestion, and wine is especially useful; though careful avoidance of food that is difficult of digestion is an essential condition of success. But it is especially in warding off true tuberculosis from children that the value of wine is conspicuous; and were this more generally recognized we believe that phthisis of children, instead of being so fatal a disease as it is, would rarely develop in a fatal form at all; of course supposing that all proper hygienic precautions were adopted, and especially a liberal supply of simple and nutritious food. Wine should always be given to young children in the form of medicine, and not as a beverage at meals; since it is important not to set up a liking for it which, when the child arrives at the critical period of puberty, might have an unfortunate influence on the further development of the emotional and sensual part of his nature.

In Chronic Neuroses.— Certain chronic neuroses of the latter part of life present special aspects in which wine becomes an important consideration. We refer especially to that exceedingly severe and intractable form of neuralgia (most commonly facial) which is rarely or never developed until after the age of forty, and which once developed resists remedies with such pertinacity. The reflex irritation which the disease sets up is often fatal at once to appetite and to sleep, and wine is the true remedy for this part of the mischief. In elderly persons we have personally seen cases in which, when the stomach would retain scarcely anything else, it was quieted, and the patient's strength was admirably husbanded and fortified by an almost exclusively alcoholic diet—twelve to eighteen ounces of sherry per diem, continued for several days. The older the wine, the more endowed with ethereal ingredients, the more effective is it for this purpose. Still we have seen

patients greatly benefited by large doses of spirit which was practically little more than alcohol.

In Chronic Mucous Discharges. — In chronic catarrh of bronchial or nasal mucous membrane, chronic leucorrhœa, etc., their use is a very doubtful matter. That they frequently relieve the sensations of depression and discomfort which these affections cause is unquestionable, and in the case of the chronic bronchial catarrh of the aged it may be that they are indispensable. As regards the commonest of all chronic mucous discharges—leucorrhœa—we have long been learning with increasing strength to believe that the treatment is almost unmixedly mischievous; at any rate that alcohol ought never to be prescribed, whatever the apparent degree of depression, save in very small quantities of wine, preferably claret, Hungarian Carlowitz, or some of the rough red Greek wines, taken with meals to assist appetite and stimulate primary digestion. The true remedies are local astringents and the free application of cold water, combined with the most persevering use of exercise in the open air. And alcohol offers the most serious temptations to women suffering from the deadly languor often associated with profuse leucorrhœa, temptations which they would do well never to face. There is a particular use of alcohol, however, in one form of chronic catarrh, viz., the chronic pseudo-dysentery of young children, which is really of high value. Directly astringent *medicines* are of almost no use in these complaints; and the only drugs that should be employed are ipecacuanha, with or without very small quantities of opium. But a slightly astringent red *wine* of fair alcoholic strength often is very useful. Some of the Greek wines have the requisite body, a useful degree of astringency, and an alcoholic strength conveniently intermediate between the lighter natural wines and the strongly fortified ports, sherries, and marsalas. Three table-spoonfuls a day for a child of three years old is a fair allowance.

In Chronic Suppuration. — There are at least two objects

which alcohol can achieve in this state, and they are of so great consequence that the judicious use of this remedy is frequently decisive in averting serious and even fatal results. In the first place there is every reason to think that the free (but non-narcotic) employment of alcohol checks both the migration of white corpuscles and all the subsequent movements which go to the formation of pus; and if it be true, as some suppose, that pus-cells are also formed from the division of the elementary tissues, there can be little doubt that this process also would be checked by the treatment. On the other hand, alcohol, especially when given in the form of stout or port-wine, marvelously sustains and fortifies the appetite and the primary digestion. The prompt limitation of chronic suppurative processes is by no means to be thought of—with our present knowledge—as a mere beneficial check upon the morbid action which is directly exhausting the bodily forces. It is all-important, because we have to dread absorptive infections, and the appearance of the true and almost necessarily fatal tuberculosis. How powerfully this argument ought to weigh with us is sufficiently apparent if we consider the case of chronic empyema, and the miserable frequency with which it is followed by fatal phthisis. The prompt evacuation of the pus, even in cases of large chronic abscess, if it were supplemented by proper local measures for cleansing the cavity and excluding fermentative processes, would far more frequently be followed by cure than is now the case, if it were associated with the intelligent use of alcohol. The copious and even reckless administration of stimulants is perhaps common enough; but this is often mere waste. The patients will bear and require more alcohol than in health; but there is no need for any great excess. The simultaneous use of alcohol and of quinine, according to the principles laid down by Binz, offers the true solution of the matter. From three to six wine-glasses per diem of port, each glass containing one grain of quinine, is we believe incomparably the best

form of administration to employ in all these cases. But even here we must insist that it is absolutely necessary to judge by results, and to scrupulously reduce the allowance of wine the moment that even the slightest symptoms of narcosis present themselves. (Practitioner.)

THE TREATMENT OF THE INSANE WITHOUT MECHANICAL RESTRAINTS.—Henry Maudsley, M. D., writing on this most interesting subject in his usual attractive style, says: "The principle of the non-restraint system, in the true acceptation of the term, is, while avoiding a meddlesome interference, to make all the surroundings of the poor lunatic as tranquil, as orderly, as gentle as may be consistent with his proper care—to counteract the commotion in him by an absence of commotion in what is around him. The lunatic can not, any more than the sane person, resist the steady influence of his surroundings; he assimilates them unconsciously, and they modify his character for good or for evil. How little a system of mechanical restraint fulfills the conditions of the just principle of treatment is so plain that a wayfaring man, though a fool, can hardly fail to see it. An excited, active patient, urged by an uncontrollable instinct of movement, desiring and needing above all things freedom of limbs, is secured hand and foot by mechanical appliances; with what result? That he is provoked into furious mania, expends his energy in shouting and raving, and becomes dirty in his habits—dirtiness in some shape is in fact unavoidable under such circumstances. . . . . There can be no greater fallacy than that of supposing what is called a moderate use of mechanical restraint to be consistent with a general plan of treatment in other respects humane and beneficial. It must be dispensed with altogether, or deterioration will ensue in the patient, and all kinds of neglect and tyranny will be engendered by degrees, until restraints become the usual substitutes for forbearance and watchful attention. . . . It is necessary

that the abolition of restraint should be absolute to be efficient; the principle of the non-restraint system will admit of no compromise. It must be allowed that when called to treat an acute case of insanity in a private house it is not always so easy to do without restraint as it is in an asylum where there are suitable appliances for meeting the difficulties which the excitement and violence of a patient may present. But if a medical man finds it absolutely necessary to employ mechanical restraint, he should, if he has the welfare of his patient at heart, send him elsewhere; for either it is not a fit case for private treatment, or he is without the requisite assistance and qualifications for treating it properly. . . . I do not hesitate to express a strong personal conviction that the use of mechanical restraint in any asylum, public or private, is an indication of a badly managed institution, and that its use in the treatment of private cases is unnecessary and prejudicial. Where it is entirely dispensed with there will be less excitement, fewer scenes of violence, less need of secluding patients, and earlier and more numerous recoveries than where it is in use. For it is not only an evil itself, but it is the fruitful parent of a multitude of ills, not the least of which is the certain deterioration of all who have any part in its employment, whether suffering or doing." *(Ibid.)*

Quinine in Septicæmia.—The following directions were issued by Professor Binz to the surgeons in the German military hospitals, in order to enable them to test to the full the power of quinine to prevent the rise and limit the progress of septicæmia: 1. The combating of traumatic septicæmia by quinine must begin at the moment when nausea is first felt. The early detection of the indications is also aided by thermometric observation twice daily, and a sharp observation of the aspect of the wound. It will be proper in doubtful cases to begin quinine as a precaution: no harm can be thus done. 2. The administration of quinine must be continued some

days after we have quite destroyed the septic poison. 3. For extensive wounds small doses are useless; nothing under thirty grains in the twenty-four hours is of any avail. It only produces an evanescent lowering of temperature. On particular days, and in severe cases, as much as sixty grains may be necessary. 4. The use of the officinal sulphate of quinia in powder, drinking spring-water after it, is absolutely bad. It upsets the healthy stomach, and in feverish gastric disturbances hinders absorption. The readily soluble hydrochlorate is best. As this is not readily accessible in the field, the sulphate may be dissolved, with a few drops of hydrochloric acid, in rain-water. 5. Where for some reason gastric administration is unadvisable, a solution of the hydrochlorate should be given in enema. The dose must then be one fourth larger. 6. The action of quinine goes on most securely if we give a strong dose at the time of the spontaneous lowering of temperature, in the first hours of night and very early in the morning. The condition of the heart must always be taken into account, for large doses might prove dangerous by paralyzing its motor apparatus. Simultaneous stimulation, especially with wine and camphor, is a useful aid to the antiseptic treatment, and prevents the toxic action of the alkaloid. 7. One must be specially careful that the quinine contains at most only a trace of the inactive cinchonine. The importance of its purity in other respects need not be insisted on. *(Ibid.)*

The Therapeutic Value of Digitalis in Enteric Typhus. — Dr. Ernest Hankel observes that the value of digitalis in enteric typhus has already been established by Wunderlich and Thomas. The infusion was administered, but as soon as the frequency of the pulse fell the use of the remedy was immediately omitted. When large doses were given vomiting sometimes occurred after the first and last, but without disadvantage to the patient. Such large doses

contained about thirty grains to the four ounces. The entire quantity of digitalis required to reduce the frequency of the pulse varied from about thirty to seventy grains, the period of the attack having apparently no influence. Numerous and careful observations made upon eighty cases, of which forty-five recovered, enabled the author to draw the following conclusions: 1. The action of digitalis in sufficient doses causes a reduction of the duration of the fever amounting to several days, and a diminution of the frequency of the pulse extending over several weeks. Its exhibition is consequently indicated in cases where the evening temperature attains the height of one hundred and five degrees Fahr., and when there is only a slight remission in the morning, as well as in cases in which the contractions of the heart amount to one hundred and twenty in the minute, and the patient is in the second week of the fever. 2. Digitalis diminishes delirium; in this respect having a more powerful influence than large doses of quinine, or than cold baths or wrappings. We possess also, however, in morphia an agent that exercises a powerful influence in suppressing delirium if given in sufficient doses to procure sleep, though the delirium often reäppears in the morning, or at least an equal dose of the drug is required on the following evening. The objection to morphia lies in its disagreeable after and secondary effects. 3. The gravity of a case of typhus is determined not only by the height of the temperature, but also especially by the frequency and quality of the pulse. In reference to the latter point it is indubitable that the pulse, especially when very small, undergoes persistent augmentation in volume by the application of digitalis, and is hence to be employed when the pulse is small and feeble. 4. The employment of digitalis is not contraïndicated in consequence of the presence of albuminuria. 5. Two kinds of collapse are distinguishable in typhus — collapse with lowered temperature and diminished frequency of the pulse, and collapse with augmented temperature and frequency

of the pulse. The first generally furnishes a good prognosis, especially when the depression has been occasioned by digitalis; the pulse, however, should be very carefully attended to. 6. The disposition to hemorrhage is not increased by the use of digitalis, so that if hemorrhage occur it is not contraindicated. 7. The catarrh of the intestinal canal is indeed temporarily increased by this drug, but by no means forms a contraindication to it. 8. Lastly, digitalis appears to prolong the duration of the disease, and hence it should only be prescribed when either the febrile symptoms, the frequency or smallness of the pulse, or the cerebral symptoms constitute threatening symptoms. *(Ibid.—Archiv der Heilkunde.)*

Dislocations of the Wrist.—To the question, which is so often raised, Do we meet with dislocation of the wrist in practice? Holmes Coote, Esq., says:

"The correct reply is, almost without exception, that under that head have been described instances of fracture, impacted or otherwise, of the lower extremity of the radius. In the museum of the hospital (Series III., No. 78) we have the radius of a young man which had been broken three quarters of an inch above its carpal articular surface. The posterior or dorsal margin of the upper fragment is driven into the cancellous tissue of the lower one. Their palmar margins are in contact, but a projecting angle is here formed at the line of fracture. In another specimen the projecting angle is on the dorsal aspect (No. 89). In other cases (Nos. 94, 95) the line of fracture is just above the epiphysis. But in speaking of the 'wrist' let us inquire what is meant by the term. If we refer to the movements of the hand we must include at least six articulations: 1. The rotation joint, or that between the radius, ulna, and interarticular fibro-cartilage. 2. The flexion joint, or that which allows the hand to drop toward its palmar aspect—namely, between the radius and interarticular fibro-cartilage on one side, and the scaphoid, semilunar,

and cuneiform bones on the other. 3. The extension joint, or that which allows the front of the hand to be raised toward the dorsal aspect—namely, between the scaphoid, semilunar, and cuneiform bones on the one side, and the trapezium, trapezoid, and magnum and cuneiform on the other. 4. That between the pisiform and cuneiform bones, which favors palmar and volar flexion. 5. The carpo-metacarpal joints, in which the movement is very limited. 6. The trapezio-metacarpal joint, which gives to the thumb the freedom of action of a ball-and-socket joint, and enables it to be brought into every degree of opposition. The arching of the hand downward is a combined movement of all the joints, including that at the bones of the forearm.

"That dislocations are uncommon is due to the fact that the bones are small and numerous, the ligaments and surrounding tendons are strong, and it is not easy to apply such a degree and direction of forces as will cause such an accident in preference to fracture. When dislocations do occur, they are mostly combined with laceration of the soft parts, being caused by severe machinery or gunshot accidents. The displacement of the bones then becomes of secondary consideration. In combination with such severe injuries the following dislocations have been observed: 1. Dislocation of the radius forward or backward, the ulna remaining attached to the carpus; 2. Dislocation of the ulna forward, backward, or inward, the radius remaining attached to the carpus; 3. The tearing away of the carpal bones from the forearm; 4. Dislocation of the first and second row of carpal bones; 5. The scaphoid, pisiform, magnum, and trapezium have been dislocated separately; 6. Dislocations of the thumb are well known: it may be thrown backward, forward, or toward the index-finger. In speaking then of dislocation of the wrist, we must take into consideration the whole set of articulations. Such accidents are very uncommon, except as associated with severe compound fracture and laceration." (Lancet.)

TREATMENT OF GANGLIONS. — Mr. Skey says: "Bending the hand forward in order to tighten the skin over the cyst, pass vertically into the center of the tumor a broad-shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated, every drop and every fraction of a drop; to effect which the sac must be compressed and kneaded in every direction. Then apply a well-made thick compress of lint, and strap it down tightly with good plaster, and lastly a roller may be applied. In forty-eight hours the wound has healed and the ganglion is seen no more." *(Ibid.)*

TREATMENT OF BURNS. — Mr. Skey recommends the application of a solution of nitrate of silver in a proportionate strength, varying from five to twelve or more grains to the ounce, according to the extent and severity of the burn and the age of the patient. The whole surface of the burn should be brushed over with the solution, cotton-wool applied, and a moderate opiate administered in a glass of brandy and water, proportioned to the age and habits of the patient, with the object of counteracting the sense of chilliness that will otherwise necessarily follow in all these cases. *(Ibid.)*

Notes and Queries.

VARICOCELE. — Dr. W. T. Humphreys, Louisville, writes: "I am glad to report the success of the suspensory bandage devised by Mr. Morgan, of Dublin, a cut of which is contained in the American Practitioner for April. I have used it in two cases of varicocele, both of them troublesome cases, having previously used all kinds of appliances without relief. It is now more than a month, and the subjects in the mean time have not only suffered no pain nor inconvenience in wearing the bandage, but have been greatly comforted by it. The patients have learned to apply it themselves in half a minute, and say they have derived so much relief that they are willing, if necessary, to wear it the balance of their lives. I beg to suggest a slight modification, but I think a decided improvement, as regards the lead wire of the bandage. In Mr. Morgan's bandage the ends of the wire simply meet; I have found that by lengthening the wire so that the ends may lap somewhat that the scrotum is prevented from insinuating itself between the ends of the wire and becoming pinched; I think, further, that this gives better support to the testicle. I have examined the cases frequently, and from all appearances they give great encouragement that the suspensory will not only give temporary relief, but in the course of a few months effect a radical cure."

IPECAC IN DYSENTERY. — Our valued correspondent, J. S. Davis, M. D., Iuka, Miss., writes: "I was much interested in the report of the proceedings of the College of Physicians of Louisville in the November number of the American Practitioner, and especially where the ipecac treatment was recom-

mended. One would infer, however, from your own remarks that Dr. Reynolds was the author of this practice. I have not seen Reynolds's System of Medicine, nor do I know the date of its publication, but as far back as 1847 Dr. Samuel Cartwright, of Natchez, Miss., advised the same treatment for dysentery, under the name of the 'one-dose cure for camp dysentery.' (*Vide* New Orleans Medical and Surgical Journal, January, 1847, p. 441.) From the great repugnance most patients have to the medicine, it is seldom that I have been able to get them to use it according to directions, but from the experience I have had with it I regard it as a good remedy."

[In the remarks to which Dr. Davis refers I certainly did not intend to say that Reynolds was the first or only author who recommended ipecac in dysentery. Many years ago ipecac had been given by Dr. Powell and other physicians in this city for dysentery, but as a remedy in that affection it had not acquired a hold on the professional mind, and for more than twenty years had seldom if ever been used here in the disease. I had previously observed that both Tanner and Aitken spoke in high terms of ipecac in dysentery, but until I read Dr. Maclean's contribution on the subject in Reynolds's System of Medicine I was never sufficiently impressed with the value of the remedy to use it in practice. — D. W. Y.]

STRYCHNINISM PRODUCED BY ONE SIXTEENTH OF A GRAIN OF SULPHATE OF STRYCHNIA. — About the first of September I ordered for Mr. L., laboring under dyspepsia, the following, to be taken in dessert-spoonful doses before meals:

℞. — Liquid Pepsin, f℥iv; Quiniæ Sulph., ℥ss; Strychniæ Sulph., gr. j. M. Fiat solutio.

A single dose, taken just before dinner, produced irregular jerking movements of the extremities, with dizziness and a sense of faucial constriction, all of which alarmed the patient and lasted until evening. E. R. P.

INFLUENCE OF QUININE UPON THE GRAVID UTERUS.—Dr. J. S. May, of Clark's Prairie, Davis County, Ind., writes that, living in a region where malarial disorders prevail, he has had frequent occasions in his practice to administer quinine to pregnant women, and that he believes it to have no specific influence either in inducing or in accelerating labor; and moreover that in the cases of labor where quinine seemed to accelerate the process it simply acted as a general "stimulant," and "any other stimulant" would have had the same effect. Further, he gives two cases, in one of which quinine seemed to arrest threatened labor, while in the other it failed to induce it at full time. In the first the patient was in the seventh month of her fourth pregnancy when attacked with intermittent fever; pains every five minutes; os dilated. Quinine, at first in combination with a small quantity of Dover's powder, and then by itself, arrested the pains, cured the intermittent, and the patient went on to full term, when she was delivered of a healthy child. In the second case patient at full term of third pregnancy; os slightly dilated; pains frequent. At first she complained of coldness, but after becoming warm the pains were harder for a while, then ceased. Gave twelve grains of quinine, in three doses, in one hour and a half, and in two hours she was quite comfortable; labor pains did not recur within thirty-six hours.

A CASE OF TRISMUS NASCENTIUM WHICH RECOVERED UNDER CALOMEL ALONE.—The following comes from Dr. Hale, of Owensboro, Ky.: Mrs. —— lost a child two years ago with trismus. Her present infant—a girl—was well developed, and seemed hearty for two days after birth, when it had spells of restlessness and screaming, and throwing its legs and arms about; between these seizures it would sleep. The mother, believing that nothing could be done for it, did not apply for advice until the patient was six days old. I found the infant with irregular jerkings of the legs, arms, and muscles

of the face, occurring about every half hour. Opisthotonus was occasionally well marked. The jaws were fixed, and had been for the preceding twenty-four hours. During this time, being wholly unable to take the breast, milk was offered by spoon, but every attempt at deglutition was accompanied by spasms of considerable violence. The child was constipated. Having uniformly failed in previous cases of this affection to effect a cure by opiates, antispasmodics, etc., I determined to try in the present case calomel in full doses, and alone. I therefore ordered two grains of calomel to be given every two hours until the bowels were freely moved, and then continued at intervals of eight hours. At my visit next morning I was surprised to find the child nursing heartily. The calomel had operated twice copiously, bringing away large greenish stools, after which the spasms diminished in violence and frequency, and finally ceased altogether. I repeated the calomel at intervals of eight hours during the succeeding twenty-four hours, at the end of which time, the child seeming entirely well, treatment was discontinued. It is possible, I know, that this was not a case of genuine trismus nascentium, but rather one of those instances not unfrequently observed of convulsions from reflex irritation. Yet it certainly presented all the leading and essential features of the disease in its genuine form.

[We insert the following with pleasure. — EDS. AM. PRAC.]

A CARD FROM THE LONG ISLAND COLLEGE HOSPITAL.—It has recently come to our knowledge that a *quack advertisement* has been distributed under cover and stamp of the Annual Circular of the Long Island College Hospital.

The regents and faculty of the college embrace the earliest opportunity to state that this was done without our knowledge, after the circulars had been committed to the news-agent for distribution.

They deeply regret the necessity for publishing this card. But duty to themselves and the profession requires that this statement be made public.

AN

INTRODUCTORY LECTURE

DELIVERED IN THE

UNIVERSITY OF LOUISVILLE,

ON THE

EVENING OF OCTOBER 3, 1870.

BY JOHN E. CROWE, M. D.

PROFESSOR OF OBSTETRICS AND MEDICAL JURISPRUDENCE.

LOUISVILLE:
PRINTED BY JOHN P. MORTON AND COMPANY, 156 W. MAIN STREET.
1870.

CORRESPONDENCE.

MEDICAL DEPARTMENT, UNIVERSITY OF LOUISVILLE,
October 10, 1870.

PROF. JOHN E. CROWE, M. D.:

Dear Sir—At a meeting of the Medical Class of the University, the undersigned were appointed a committee to solicit a copy of your introductory address, delivered on the evening of October 3d. It is the wish of the class to preserve the lecture as an honor to its author and the University, and as a fitting memoir of the greatest self-made man and physician of the age.

Hoping you will consent to its publication, we remain,

Very respectfully,

H. P. DAVIS, Ala.,
E. D. PEETE, Tenn.,
A. A. THOMPSON, Tex.,
A. A. CLEWELL, N. C.,
M. RHORER, Ky.,
H. J. MCLEOD, Ga.,
D. PALMER, Penn.,
W. L. CATHEY, Miss.,
CAM. ROBINSON, Ind.,
E. M. TAYLOR, Ill.,
W. B. DOHERTY, O.,
B. F. BAKER, La.,
W. G. HOLLAND, Ark.,
T. P. RICHMOND, Wis.,
R. D. DARISSON, W. Va.
S. P. CARPENTER, Mo.,
W. W. TAYLOR, Ky., *Chairman.*

LOUISVILLE, Ky., October 18, 1870.

W. W. TAYLOR, *Chairman*, and others:

Gentlemen—Your kind letter, asking the manuscript of the "Introductory Lecture" I had the honor to deliver before the Class of the Medical Department of the University of Louisville, is received. Custom, no less than your too partial reference to the address, prompts me to place it at your disposal.

With kindest wishes, I remain, etc. JOHN E. CROWE.

INTRODUCTORY LECTURE

DELIVERED BY

JOHN E. CROWE, M. D.

GENTLEMEN OF THE MEDICAL CLASS:

In the name of the Honorable Board of Trustees and the Faculty, I welcome you to the inaugural ceremonies of this the Thirty-fourth Annual Session of the Medical Department of the University of Louisville. During these thirty-four years the good people of Louisville have never failed to attest by their presence the deep interest they feel in the success of this institution, the offspring of their noble liberality, and to assure you that, though far from home and its endearing influences, warm-hearted friends kindly greet you.

This feeling on their part is traditional; for, in the early history of this city, the leading citizens inaugurated a system of public education which, carefully revised and improved upon each year, has been developed into one of the most complete and thorough courses of instruction in the Union. The tangible proof of this assertion exists in the handsome and commodious ward-school buildings and the male and female high-schools, where the youth of our city enjoy unsurpassed advantages for the acquisition of knowledge.

When Transylvania University, which had won for the fair city of Lexington the proud appellation of "the Athens of the West," began its downward career, because of its inability to furnish the necessary clinical and anatomical material to compete successfully with its more eligibly situated northern

rivals, the combined efforts of the Faculty, men of acknowledged ability and learning, stimulated by the love they bore the school to whose fame and renown they had so largely contributed, could not stay the edict of inévitable dissolution. Its race of usefulness was run; its scepter was passing away; its power and glory fading. Three of the distinguished gentlemen composing the Faculty—viz., Caldwell, Cook, and Yandell, sr.—had the foresight and wisdom to realize this truth, and at once resolved to transfer their labors to Louisville, believing that the geographical position of the city, the facilities it afforded for medical instruction in its large hospital wards, and the cordial coöperation of its prominent citizens, augured a success which the inland location of Lexington forbade.

A people so proud of their school system, deeply impressed with the growing commercial importance of their city, saw when these gentlemen acquainted them with their intentions an opportunity of realizing more than their fondest hopes had dreamed of; viz., the culmination of their school system in a university where the youth of the country would be attracted, and Louisville henceforth become a great central seat of academic and medical learning.

Animated by such sentiments, and desirous of conferring such proud distinction upon the city, this square of ground was donated, an imposing edifice erected, a splendid library filled with rare and costly volumes, a museum furnished with cabinets of morbid and anatomical specimens, and a laboratory equipped with a complete chemical apparatus.

And ever since, with but few interruptions, its course has been onward and upward, save when the elements warred against the grand old building which was dear to thousands who had drunk from the fountains of learning beneath its protecting roof; where Flint, the accomplished surgeon; Drake, the philosopher; Caldwell, a Cicero in scholarship and oratory; Cobb, the graceful anatomist; Bartlett, the polished gentleman and erudite physician; Gross, the bold and dashing surgeon, whose eye flashed fire at the gleam of the catling; Silliman, the great master of the laboratory,

and others equally famous, dispensed the great truths of science. And again when grim-visaged war spread desolation and mourning throughout the country.

Hitherto all was peace and prosperity; the white sails of commerce dotted our rivers and seaports; railroads were stretching their iron arms in all directions to receive the products of a bountiful soil. 'T was truly a land flowing with milk and honey. But the arch-fiend of sectionalism stalked through the country, sowing discord and dissension; the sturdy northerner rushed to arms to defend the Union; the ardent southerner to protect the land of the magnolia and mocking-bird; peaceful pursuits were abandoned; the plowshare was turned into the sword; the busy hum of industry gave place to the loud roar of artillery. Anon the angel of peace swept over the land, and the sword was returned to its scabbard, the olive-branch was proffered, and a fratricidal war closed. With the return of peace the pomp and circumstance of war disappeared; men began to busy themselves about peaceful pursuits; the sacred pulpit preached "glory to God in the highest, and peace on earth, to men good will;" the courts of justice adjudicated in a spirit of equity claims between men of opposite politics; the merchant bent his energies to the revival of a drooping commerce; the physician who had followed his neighbors through the din of battle, and fought the diseases of camp-life, wearied with the use of bandages, splints, ambulances, and hospitals, longed for the quietude of civil practice. Men of all ranks, men whose dazzling epaulets and waving plumes won the admiration or excited the envy of thousands, as well as the humble private, casting aside the habiliments of war, were glad to take up the pruning-hook of agriculture, or the marking-brush of commerce, and enjoy the fruits of honest industry beneath their own vine and fig-tree.

Of these vast armies not a few, reënforced yearly by large accessions from the other walks of life, allured by the great good accomplished in the quiet rounds of the surgeon—who, though never heralded in the glories of victory, was, while pæans of praise were sounding in the ears of victors, like the

good Samaritan, pouring the oil of consolation upon the wounds of friend and foe, and sustaining their flagging spirits with the wine of comfort—demanded admission into the noble profession whose votaries sought rather the alleviation of human suffering than coveted the civic or martial honors. And you, gentlemen, have caught that same spirit, and are here to renounce the honors so dear to the statesman, whose policy shapes the destiny of nations; the laurels so cherished by the warrior, whose sword repels the invader and imposes tribute upon even imperial neighbors; the position which the princely merchant so appreciates with his untold millions, the fruit of his energy, tact, and industry; all these distinctions, objects of laudable ambition, you are willing to forego—to sacrifice pleasure, comfort, and even the rest so necessary to recuperate the frame worn by fatigue in its ministrations upon suffering humanity.

Noble profession! How pure and unselfish its objects, its aims; the servant of the ministry, the handmaid of religion. He who would become a true physician, in the elevated and comprehensive signification of the term, must surely attain to the great dignity of a Christian hero, for the path that leads to this high goal is through self-denial and an unreserved devotion to the care of the sick. Ghouls, harpies, and vampires may usurp the place of the regular physician, even as the false prophet "steals the livery of heaven to serve the devil in;" but they feast upon the credulity of the ignorant only. You never find them in the haunts of poverty, speaking words of comfort and administering to the bodily wants of those stricken with disease. The noble benevolence of our profession, knowing no nation, no creed, no condition of life, founded on the broad basis of Christian philanthropy, unfurls its banner upon which is inscribed its time-honored motto: "*Sanos sospitare, agrosque sanare,*" and marches to the fulfillment of its mission of love and mercy.

During the last few years many of the great leaders who have governed and directed the movements of this devoted army have been called to their final reward—Trousseau, Velpeau, Brodie, Syme, Mott, Warren, and Sir James Young

SIMPSON. Of the latter I wish more particularly to speak this evening, to present him as a model and an exemplar, whose social and professional virtues are worthy your most earnest emulation.

Born at Bathgate in 1811, of parents poor in the goods of this world, but rich in the possession of a son whose virtues and talents were destined to confer immortality upon their name, his first struggle with adversity was in endeavoring to obtain an education sufficiently liberal to fit him for one of the learned professions. The Scottish university system rendering an education accessible to the trades-people, the young student was enabled, through the aid of his brother, to enter the University of Edinburgh and become a member of the humanity class under Professor Pillans. "This venerable man," we are told by the Medical Times and Gazette, "always believed that his counsel and encouragement had greatly influenced Simpson's subsequent career, and he used to relate with great unction how, impressed with the versatility of his pupil's acquirements, he had urged him to compete for a 'Stewart Bursary,' a scholarship which carried money with it, and being tenable for three years helped the holder to continue his studies in the University. To succeed required an extended study of the classics, which might well have deterred an aspirant from a country school, but Simpson carried off the 'Bursary' and became a student of medicine."

In the year 1832 the degree of Doctor of Medicine was conferred upon him, and he became an assistant to Professor Thompson in the chair of Pathology. This position gave him the opportunity of becoming deeply versed in every phase of disease.

It is related of him that, occasionally lecturing in the place of his master, he gave indication of great originality, and of a desire to advance beyond the teachings on a subject yet in its infancy, and that the old Professor was startled out of all propriety by the new doctrines he heard had been taught in his own class-room.

A vacancy occurring in the post of medical officer at Inverkip, Simpson made application for the position, but was

unsuccessful; a result that brought bitter disappointment to the young aspirant at the time, but which, fortunately for medical science, had an influence in determining his stay in Edinburgh, the theater of his future triumphs. He remained there lecturing in a medical school until the year 1840, when the death of Professor Hamilton created a vacancy in the chair of Obstetrics in the University of Edinburgh. Simpson and Dr. Evory Kennedy, a man of great reputation and merit, were the contending candidates, and so closely contested was the election that Simpson received seventeen votes and Kennedy sixteen. The opposition indulged in the most dismal and gloomy prophecies concerning the future of the University on account of his victory over his more famous rival. But no sooner was Simpson firmly seated in his chair than his genius dispelled their dark forebodings as the sun dissipates the morning mist.

As a lecturer he was impressive and instructive; powerful in argument, and abounding in aptness of illustration. So attractive were his lectures that the custom that prevailed in Edinburgh of calling the roll was dispensed with—every student was sure to be in his seat, drawn thither solely by the magic of his wonderful ability. Old practitioners, grown gray in the service, delighted to hear this great man elucidate the great truths of science.

Probably no man ever had so extensive and varied a practice, and certainly none ever devoted himself with such untiring devotion to the discharge of its responsibilities. The lecture-room, the hospital, the bedside occupied his whole attention. Patients flocked from all parts of the United Kingdom, from the Continent, to his rooms to receive the benefit of his skill, sometimes waiting days for the longed-for interview.

The amount of physical and mental labor performed by this great man is almost beyond credence, and could be endured by one of his wonderful frame only. Even when upon the couch of sickness his ever-active mind was engaged in solving some problem or inventing some surgical instrument for the relief of human suffering. Every moment of his

valuable time was profitably employed. While seeking admission to his patients, or waiting in the ante-room, he was making experiments or writing essays abounding in bold and original views. He did not confine himself to medical topics, but wandered through the whole domain of science, culling choice information from the fields of politics and theology. He took great pride in becoming familiar with the minutiæ of the various pursuits of life; and, possessed as he was with a most extraordinary memory, he was able to entertain those with whom he came in contact upon the very subjects of their every-day avocations. 'T is said that, in conversing with his friends, he could indicate not only the book or pamphlet in which the subject under discussion was treated, but likewise name the very page on which the article was to be found. Endowed by nature with rare powers of mind and great versatility of talent, he brought those faculties under complete subjection by an iron will that enforced the most rigid discipline.

Sir James had, on a certain occasion, promised a paper upon a favorite medical theme to his publisher, and being unexpectedly called upon to redeem his promise, he, being occupied with his professional duties till half past ten o'clock P. M., immediately sat down and wrote till morning, when he hastily prepared himself for his daily duties, wrote during the following night, and did not allow himself any repose until after the completion of his paper on the third night. Truly, as remarked by a friend, it is no wonder he died after thirty years of such incessant labor, but rather that he lived so long a time.

Yet Sir James, who had become so famous by his writings, and whose skill had drawn so many to his consulting-rooms, delighted more in the tribute paid him by the crowds of patients than in the remuneration which was to follow. His great heart welled with sympathy for the suffering, and it afforded him more gratification to give health and happiness to the afflicted than did the tide of wealth that poured into his treasury. He was particularly courteous to the numerous medical men who visited him from all countries to consult

him upon different topics, and to learn from his own lips the teachings which had rendered him so celebrated.

A well-known writer says of him: "His breakfasts and luncheons were among the most curious studies of society. Assembled unceremoniously in a moderate-sized room, with little in common save a wish to see their host, you found a company drawn together from every latitude and longitude, social and geographical. Of all this motley party there is probably hardly one who is not able, and the grades and classes of eminence run through the whole gamut of social distinctions, from duchesses, poets, and earls down to the author of the last successful book on cookery, the inventor of the oddest new patent, a Greek courtier, a Russian gentleman, a German count. At your elbow the last survivor of some terrible shipwreck is telling his story to the wife of that northern ambassador who is meeting, with the softest Scandinavian dialects, the strong maritime Danish of the clever state secretary opposite. Behind you a knot of American physicians, just arrived, are discussing in a loud voice a speech in Congress, or arguing, *sotto voce*, on the particular professional topic upon which they have come to consult the great authority. Turn for a moment from this sculptor, who is waiting to ask the opinion of the many-sided professor on the sketches he is now showing to that portrait painter, and to learn which of them shall be done in marble for the nobleman whose attention the doctor has found time to direct to the rising young artist, and you may catch something of that violent discussion between those arrivals from Australia, who have come from the land of gold in search of what gold can not buy."

And this pen-portrait of the poet is only one of the many pictures that make up the great panorama of his useful life. Prescribing for numerous patients, performing capital operations, attending to a large correspondence and numerous consultations—all these made heavy drafts upon his time and strength; yet he performed these duties faithfully, and so economized his time as to prepare a vast number of essays upon "Hospitalism;" "The stamping out of Small-

pox by Isolation;" "Homeopathy, its Tenets and Tendencies;" "Acupressure;" innumerable articles for the various medical journals; and two large volumes of memoirs. He also devoted himself to antiquarian researches, and became one of the most noted antiquarians in Scotland. An address delivered by him before the "Antiquarian Society of Scotland" was "so rich in erudition and antiquarian lore as to excite the admiration of all."

As a writer Sir James was bold, original, and terse. The commonest topic touched by his pen was immediately invested with an interest altogether unsuspected, and when his gigantic intellect grappled a subject whose importance evoked its whole power, there was a lucidity of expression, an ingeniousness of reasoning, an appositeness of illustration, and an earnest fervor that excited admiration, if it did not convince the understanding. While Sir James highly enjoyed the pleasures of social intercourse, and his bearing in the sick-room was characterized by a mildness and an amiability of manner that at once won the love and confidence of his patients, yet he was not averse to enter the controversial field, and his great fund of knowledge, combined with rare logical ingenuity, rendered him a most formidable foe to encounter.

Like Jenner and Harvey, the greatest boon to suffering humanity his genius elaborated, the discovery of chloroform, involved him in numerous controversies with Robert Lee, of London; Collins, of Dublin; Bigelow, of Boston; and Meigs, of Philadelphia. A storm of violent opposition to the administration of this valuable agent greeted Sir James upon its promulgation. He, aware of Horace Wells's conception of anæsthesia and its practical adaptation, of the full credit of which he was robbed, and of the later discovery of the anæsthetic properties of ether by Morton and Jackson, though Simpson was the first to use it in his own department of practice, applied himself to further experimentation, which led to the grand and glorious discovery of the great properties of chloroform, for which thousands of his own time, and unborn millions will hold his name in grateful remembrance.

Some of the clergy denounced it as a sacreligious inter-

ference with the decrees of Divine Providence; a portion of the profession inveighed against its dangerous properties; others stood mute with awe at the acquisition of so potent an agent. These fierce attacks and unjust clamors aroused all the energy of his character and force of his mind, and he entered the arena armed with a practical experimental knowledge in advocacy of the perfect propriety of its administration, and its entire safety by the observance of ordinary prudence. The same ridicule, jeers, and bitter opposition that Jenner encountered in his immortal discovery of the protective power of vaccination were marshaled in battle array against Simpson. But Simpson had first used it upon himself, and subsequently administered it in practice in the presence of a number of medical men. Instances of its safe and successful employment were daily accumulating. The prior discovery of the properties of ether in America, its use in Boston and in Edinburgh, aided greatly in overcoming the prejudice and opposition to this more powerful and reliable ally in the assuagement of disease.

It is a remarkable and lamentable fact that, though nearly a quarter of a century has elapsed since the discovery of this great boon, which throws the victim of the surgeon's knife into the "sweet obliviousness" of pain, and robs maternity of its pangs, this noble benefactor of his race, who made this discovery, in receiving from the great city of his adoption—the field of his labors, of his contests, and of his triumphs—civic honors in recognition of his eminent professional worth, and in acknowledgment of his vast services to mankind, should be made the subject of an unkind attack because forsooth, in reply to the speech of the Lord Provost, in which a complimentary allusion was made to the discoverer of chloroform, he deemed it unnecessary to go into a detailed account of the whole history of anæsthesia, and give to America the credit of the discovery of ether—an omission of no consequence, since the fact is historical. This attack drew forth two letters which, though indited from his dying couch, are masterpieces of composition, giving a *résumé* of the whole subject of anæsthesia, freely according to our countrymen

their full share of praise, calling attention to the fact that a year intervened between the dates of the discovery of the two agents, and manfully vindicating himself from the imputation of self-glorification.

To quote the language of Dr. Storer: "Looking into the grave that was open at his feet, for he felt that his sickness was to be mortal, he wrote to us these solemn words: 'There never was a more unjust or unjustifiable attack than Dr. Bigelow's. I know, from the inmost depths of my own conscience, that I never said or wrote a single word to detract from the mightiness of the discovery of anæsthesia by sulphuric ether at Boston in 1846. But surely the discovery of another anæsthetic by me a year afterward, more powerful, practical, and useful than sulphuric ether, was in itself a fact of no small moment.' During his last illness he wrote letters to all those with whom he had controversies, manifesting a deep desire to make peace with all the world. What a becoming close to so useful a life! That master mind which had won its way from the humblest walks of life to a chair in one of the most noted universities in the world, and by its own inherent strength, unaided by wealth, family connection, or the influence of powerful friends, commanded the respect and admiration of the medical world, exhibiting not only the simplicity of a child, but that higher and greater, because more difficult to attain, virtue—humility."

What a soft and mellow light it casts over his whole life! How it tones down to an earnest desire to establish doctrines that he was thoroughly convinced were true, what might otherwise be ascribed to the asperity of a nature that delighted in controversy!

Sir James was a fervent believer in Christianity, and always, notwithstanding his extensive practice, found time to attend church regularly and punctually. Six days were enough with him to give to the cares and anxieties of this life; his Divine Master claimed the seventh, and he gave it freely and cheerfully. No matter what other duties devolved upon him, he recognized the paramount claims of the Giver of every good and perfect gift; and surely no man ever endeavored

more assiduously than did he to cultivate those gifts for the benefit of mankind.

Industry, it has been said, is not natural to man; honor, gain, and necessity are its prompters. In the instance of Dr. Simpson it was a duty and a joy.

But he is gone! All that is mortal of Sir James Simpson has been consigned to the grave by a world of friends; that which is immortal has flown to its Maker, and to the enjoyment of a never-ending bliss. And yet, while that lifeless form returns to its original clay, the fruit of his labors, investigations, and discoveries will be applied to the assuagement of human woe, the alleviation of human suffering, till time is no more.

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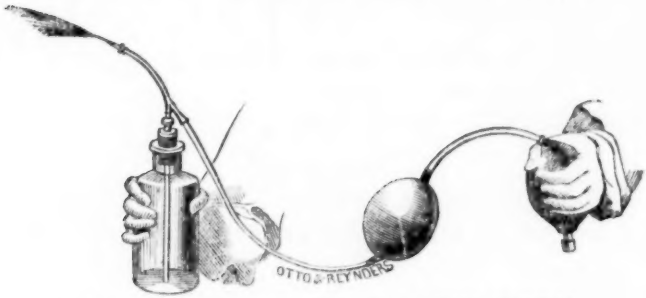
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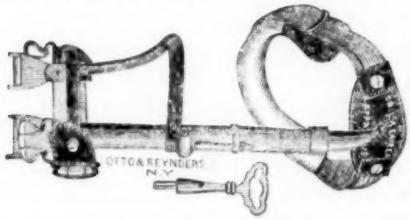
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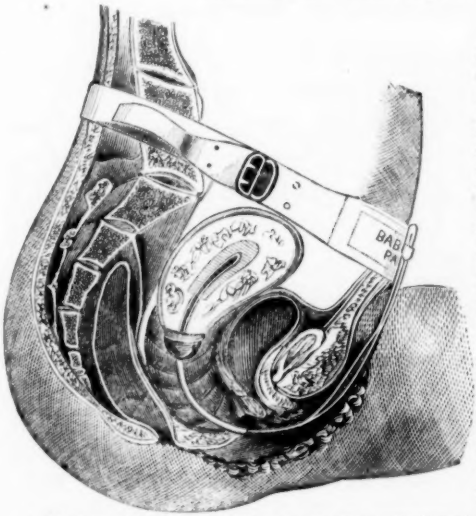
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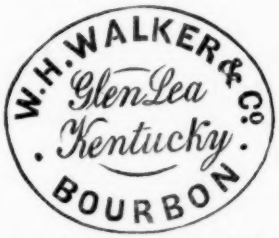
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Testimonial of Surgeon W. S. KING, U. S. A.

OFFICE OF SUPERINTENDENT U. S. A. GENERAL HOSPITALS,
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It is very evident that if these preparations will digest food artificially, they will assist digestion when taken into the stomach, and thus remove the strain upon those productive organs, and give nature time to recuperate. It has been established beyond a doubt that the office of Pepsin is to digest the more solid portions of food, and Pancreatine the oily and fatty substances.

We do not think there are any medicinal agents that can be administered with more certainty than Pepsin and Pancreatine when pure.

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It has proved to be, in most forms of Dyspepsia, the best remedy ever produced. Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, and eight grains of Ammonio-Citrate of Bismuth. Dose—one teaspoonful before meals.

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Used with great success in Dysentery, Diarrhœa, Vomiting in Pregnancy, and derangement of the Digestive Organs. Each ounce contains forty grains Pepsin, and eight grains Ammonio Citrate of Bismuth. Dose—from one to two teaspoonfuls.

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Used in the various forms of Dyspepsia, and kindred diseases. Each ounce contains forty grains Pepsin. Dose—from a dessert to a tablespoonful.

ELIXIR PEPSIN, STRYCHNIA & BISMUTH, WITH PANCREATINE.

Particularly applicable in cases of Dyspepsia, when the stomach is incapable of digesting oily or fatty substances, as well as the more solid substances of food.

Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, eight grains of Ammonio-Citrate of Bismuth and forty grains Pancreatine. Dose—one teaspoonful.

ELIXIR PANCREATINE.

Used when the stomach is incapable of digesting oily and fatty substances, and in connection with Cod Liver Oil. Each ounce contains forty grains Pancreatine. Dose—from a dessert to a tablespoonful.

WINE OF PANCREATINE.

Each ounce contains ten grains of Pancreatine. Dose—half a wine-glassful.

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Cod Liver Oil should very seldom be administered except in conjunction with Pancreatine, for, usually, when the oil is indicated, the digestive organs are incapable of properly digesting the oil. We believe that Cod Liver Oil will become decidedly more effective if administered with Pancreatine, and it will be found to agree with the stomach in every case. Each tablespoonful contains five grains of Pancreatine. Dose—one dessertspoonful.

TROCHES OF PEPSIN AND PANCREATINE.

One of the best forms for administering Pepsin with Pancreatine, and will be found very valuable in cases of Indigestion, Gastralgia, Gastrodynia, Pyrosis, Heartburn, Flatulency, and especially where there is inability to digest oils, &c. Each Troche contains two grains of pure Pepsin, and two grains Pancreatine with Lactic Acid.

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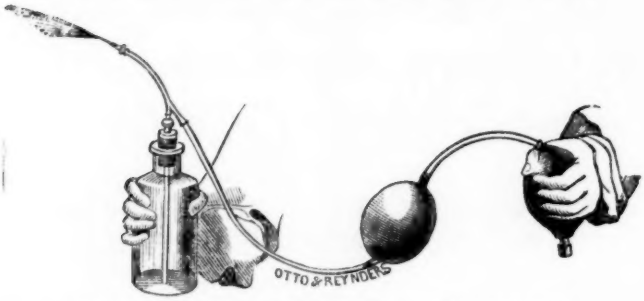
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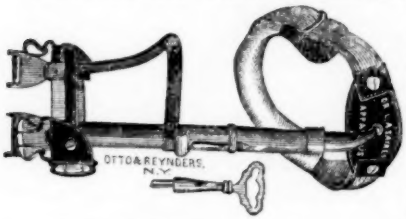
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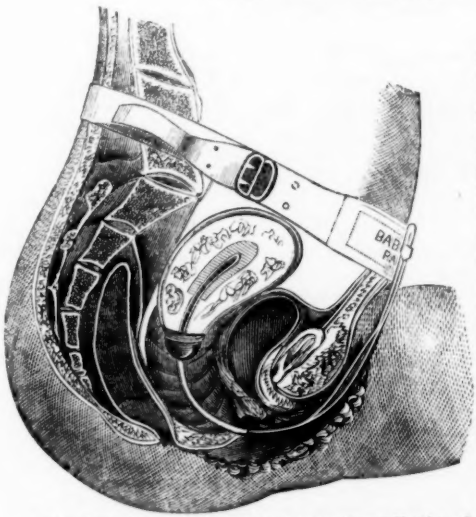
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For the cure of Prolapsus, Retroversion, and Anteversion. Warranted a Radical Cure. Price, $25.00.



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We would respectfully call the attention of the profession to Dr. L. A. BABCOCK'S improvement in Uterine Supporters. These instruments derive their support from an external brace, and are destined to entirely supersede the old-fashioned, uncomfortable and useless pessary. They are easily adjusted, and so comfortable and advantageous to the wearer that patients who have long been confined to their beds or rooms with uterine difficulties express themselves as having "gotten into a new world" upon having a supporter applied. We speak thus positively of these instruments because we have thoroughly tested them.

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DEAR SIR: Yours, with instructions, to hand. I speak as a lecturer on obstetrics and a physician of large experience in the treatment of uterine diseases, when I say that the more I become familiar with your invention the more valuable it appears to me; and I would like to see the thing extensively used, for it supplies a want long felt. EDWARD A. GILBERT, M. D., Dubuque, Iowa.

[1y]

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FRANK HAWTHORN, M. D., Professor of Materia Medica.
JOSEPH JONES, M. D., Professor of Chemistry.
C. J. BICKHAM, M. D., Demonstrator of Anatomy.

The Thirty-third Annual Course of Instruction in this Department will commence on Monday, November 14, 1870, and terminate on Saturday, March 14, 1871. Preliminary Lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 18th of October, without any charge to students. The Anatomical rooms will be opened at the same time.

The members of the Faculty are Visiting Physicians and Surgeons to the Charity Hospital, and give instruction daily at the bedside of the sick. The practical advantages thus offered to students are unrivaled.

FEES.—For all the Lectures, $140; Matriculation, $5; Practical Anatomy, $10; Graduation, $30. Payment required in advance.

For further information, address

[8—2m] **T. G. RICHARDSON, M. D., Dean.**

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Professor of the Principles and Practice of Medicine.

L. FIRESTONE, M. D.,
Professor of Obstetrics and the Medical and Surgical Diseases of Women.

W. H. JONES, M. D.,
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JAMES DASCOMB, M. D.,
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J. F. ARMSTRONG, M. D.,
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JOHN B. RICE, M. D.,
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Matriculation Fee, $5.00. General Ticket, $40.00. Graduation Fee, $20.00

☞ The Regular Term will commence Wednesday, October 5, 1870.
For further information apply to the Dean. [8—3in]

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1870-71.

THE Collegiate Year in this Institution embraces a preliminary Autumnal Term, the regular Winter Session, and a Summer Session. The preliminary Autumnal Term for 1870-71 will commence on Wednesday, September 14, 1870, and continue until the opening of the Regular Session. During this term instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, exclusively by members of the Faculty. Students designing to attend the Regular Session are strongly recommended to attend during the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term clinical and didactic lectures will be given in the same number and order as in the Regular Session. The Regular Session will commence on Wednesday, October 12th, and end about March 1, 1871.

FACULTY.

ISAAC E. TAYLOR, M. D., . .	Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College
JAMES R. WOOD, M. D., LL. D., .	Emeritus Prof. of Surgery.
FORDYCE BARKER, M. D., . .	Prof. of Clinical Midwifery and Diseases of Women.
FRANK H. HAMILTON, M. D., LL. D.,	Prof. of Practice of Surgery with Operations and Clinical Surgery.
LEWIS A. SAYRE, M. D., . .	Prof. of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M. D., .	Prof. of Surgical Anatomy with Operations and Clinical Surgery.
W. H. VAN BUREN, M. D., . .	Prof. of Principles of Surgery with Diseases of the Genito-urinary System and Clinical Surgery.
BENJAMIN W. McCREADY, M. D., .	Prof. of Materia Medica and Therapeutics and Clinical Medicine.
GEORGE T. ELLIOTT, M. D., .	Prof. of Obstetrics and Diseases of Women and Children and Clinical Midwifery.
STEPHEN SMITH, M. D., . . .	Prof. of Descriptive and Comparative Anatomy and Clinical Surgery.
AUSTIN FLINT, M. D., . . .	Prof. of Principles and Practice of Medicine and Clinical Medicine.
R. OGDEN DOREMUS, M, D., . .	Prof. of Chemistry and Toxicology.
WILLIAM A. HAMMOND, M. D.,	Prof. of Diseases of the Mind and Nervous System and Clinical Medicine.
AUSTIN FLINT, Jr., M. D., . . .	Prof. of Physiology and Microscopy, and Secretary of the Faculty.

SPECIAL LECTURES IN THE REGULAR TERM.

OPHTHALMOLOGY, ... By PROF. HENRY D. NOYES, M. D.
DISEASES OF THE SKIN, ... By PROF. FOSTER SWIFT, M. D.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons in the Bellevue Hospital and the great Charity Hospital on Blackwell's Island.

This Session will consist of two Recitation Terms; the first from March 14th to July 1st, and the second from September 1st to the opening of the Regular Session. During this Session there will be daily recitations in all the departments held by members of the regular Faculty and their assistants. Regular clinics will also be held daily.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00	Demonstrator's Ticket (including material for dissection)	$10 00
Matriculation Fee	5 00	Graduation Fee	30 00

Fees for the Summer Session.

Matriculation (Ticket good for the following Winter)	$5 00	Chemical Laboratory (including material)	$25 00
Recitations and Clinics	35 00	Dissecting (Ticket good for the following Winter)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

[8—2m]

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its action is none the less marked; for, in diminished doses, its influence is transferred to the renal system. Hence in Rheumatism, Gout, Dropsy, and Diseases of the Urinary System, the SELTZER APERIENT can be relied upon to correct the acidity of the urine, and promote a copious renal secretion.

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[8—6m]

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SESSION OF 1870-71.

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Professor of Obstetrics and Diseases of Women.

BENJ. W. AVENT, M. D.,
Professor of the Principles and Practice of Surgery.

ROB'T W. MITCHELL, M. D.,
Professor of Materia Medica and Therapeutics.

RICHARD H. MAURY, M. D.,
Professor of the Principles and Practice of Medicine.

DUDLEY D. SAUNDERS, M. D.,
Professor of Descriptive and Surgical Anatomy.

J. JOSEPH WILLIAMS, M. D.,
Professor of Physiology and Physiological Anatomy.

ALFRED H. VOORHEES, M. D.,
Professor of Aural and Ophthalmic Surgery.

FELIX McFARLAND, M. D.,
Professor of Chemistry and Toxicology.

GUSTAVUS B. THORNTON, M. D.,
Demonstrator of Anatomy.

ROBERT THÜMMEL, M. D.,
Prosector to the Professor of Anatomy.

The Seventeenth Annual Course of Lectures in this College will begin on Monday, October 17, 1870, and continue until March 1, 1871.

The Dissecting-rooms will be opened on the first day of October.

Students will find that in Memphis the facilities for the study of Practical Anatomy are unsurpassed.

Clinical Lectures each week throughout the session, at the City Hospital and City Dispensary, free of charge.

Good board can be had near the College at $25 per month.

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For the full Fees of all the Professors	$50 00	Matriculation	$5 00
Demonstrator's Ticket	10 00	Graduation	30 00

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ALEXANDER ERSKINE, M. D.,
Dean of the Faculty.

[8—1y]

Louisville Chemical Works Co.

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We are confident that physicians who will use these articles will award them a place among the very best of the kind manufactured in the United States.

The following testimonials, from gentlemen distinguished for their professional attainments, have been voluntarily tendered to the proprietors of the Louisville Chemical Works:

From H. A. Prout, M. D., President of the Academy of Sciences, St. Louis.

I have carefully examined the specimens of Chemical and Medical preparations manufactured by Prof. J. Lawrence Smith at the Louisville Chemical Works, and have no hesitation in saying that they are equal to the best articles to be found in commerce.

The most valuable in the following list have been submitted to analysis, and others to a critica inspection, and were found to be most beautifully and neatly prepared: Aqua Ammonia, Chloroform, Spirits Nitre, Hoffman's Anodyne, Sulphuric Ether, Spirits Ammonia Aromatic, Syrup of the Hypophosphites, Hypophosphite of Quinine, Phosphate Zinc, etc.

Some of these articles seem to have had the most careful attention devoted to their preparation, ranking them above most of the commercial articles bearing the same name. Among these, special reference may be made to Sweet Spirits Nitre, Chloroform, Sulphuric Ether, Hoffman's Anodyne, Syrup Iodide Iron, Ammonia, and some other important preparations used in medicine. I have used some of these agents in my practice and find them worthy of all confidence.

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H. A. PROUT, M. D.,
Analytic Chemist and Pres't Acad. Sciences, St. Louis.

[Of the Chloroform submitted to his inspection, Dr. Prout says: "Two specimens were tested by the usual tests, and we believe them to be chemically pure. They were compared with a specimen from the house of Tromsdorff, of Berlin, Prussia, and also one from the manufactory of Flockhart & Duncan, of Edinburgh. The tests, viz., Sulphuric Acid in equal quantity, Evaporation, Bichromate of Potash, Nitrate of Silver, and Soubevan's Test furnish precisely the same result, proving that there is really no difference in their purity. I should have no hesitation in using it as an anæsthetic, or in recommending it as an article worthy of all confidence."]

From Charles A. Pope, M. D., St. Louis.

For several years I have had occasion to use a number of the preparations from the Louisville Chemical Works. It affords me pleasure to declare my conviction of their great excellence and purity. The high character of Prof. Smith as a gentleman and chemist is a sufficient guaranty to the public of their superior quality. By thus affording pure and reliable medicines both the profession and the public will be gainers, while it is hoped that the cheaper and adulterated articles will be, as they ought, thrust from the market. I gladly wish them the extensive sale which their merit demands.

CHAS. A. POPE, M. D.

From John P. Hodgen, M. D., Professor of Anatomy and Physiology in Missouri Medical College, St. Louis.

I have used the Chloroform, Sweet Spirits Nitre, and Hoffman's Anodyne, from the Louisville Chemical Works, and take pleasure in stating that they have more fully come up to my desires than any articles of the kind ever used by myself.

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From E. S. Frazer, M. D., Professor of Obstetrics and the Diseases of Women and Children in Missouri Medical College, St. Louis.

Having used the medicines prepared at the Louisville Chemical Works extensively in my practice, I have no hesitation in recommending them as very superior—more fully meeting the indications described, and more satisfactory in their effects, than any preparations I have ever used.

E. S. FRAZER, M. D.

From B. J. Allen, M. D., St. Louis.

You desire my opinion of the therapeutical virtues of the preparations made by Prof. J. Lawrence Smith, of Louisville. It affords me pleasure to say that I have found the preparations which I have used in my practice efficient and reliable, and believe them to be superior to any manufactured.

B. J. ALLEN, M. D.

From Dr. T. S. Bell, of the University of Louisville.

* * * * * I take pleasure in discharging gratefully a duty I owe to your excellent preparations for medical purposes. From ample experience, I am able to say that I have found all your preparations fully equal to all the requirements of the U. S. Pharmacopœia. I could not be induced to use any other Chloroform for inhalation than yours, or that prepared by Dr. Squibb, of Brooklyn. I have found your Hoffman's Anodyne, Sweet Spirits of Nitre, various Fluid Extracts, and other important agents of the Materia Medica invaluable in the practice of medicine. I am sure that physicians who may test the medicines they order for their patients will find yours pure in every particular. With earnest hope for your continued success,

I am very truly yours, T. S. BELL.

From Prof. Lewis Rogers, of the University of Louisville.

* * * * * * I feel that I am doing a favor to the profession and general public in certifying to the excellence of the various pharmaceutical preparations of your Chemical Works in this city. In purity, scientific accuracy, and in all other regards, your articles fully come up to the requirements of the U. S. Pharmacopœia. I have been greatly pleased with the non-officinal preparations which you have been so kind as to make for me occasionally.

Very truly, LEWIS ROGERS, M. D.

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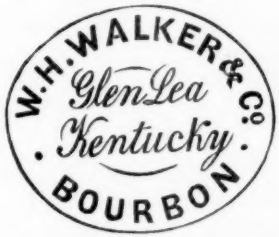
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Testimonial of Surgeon W. S. KING, U. S. A.

OFFICE OF SUPERINTENDENT U. S. A. GENERAL HOSPITALS,
Cincinnati, O., March 15, 1866.

Having acted as Medical Director during three years of the war, it became my duty to give orders for Artificial Limbs to mutilated soldiers; and as Dr. PALMER'S LIMBS were generally preferred, a large majority of the orders were given to him to furnish the necessary limbs. So far as my knowledge extends, the limbs furnished by Dr. Palmer have given most satisfaction; and this also is the testimony of Hospital Stewards and Non-commissioned Officers on duty at the various hospitals in my charge, who have had opportunities of seeing the men after they had received and used the limbs furnished to them; and I have therefore no hesitation in saying that, in my opinion, they are preferable to all others. WM. S. KING, Brevet Colonel and Surgeon, U. S. A.

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We have been experimenting with the vegetable substances used in medicine during the past year, with a view of placing Fluid Extracts on our list. The result of these experiments has convinced us that we could not, with any uniform reliability, say to a physician: If you prescribe one fluid drachm of our Extract, you will obtain all the medicinal virtues of one drachm of the Root, Herb or Bark. But our experiments have proven that one pound of menstruum in the form of an Elixir will hold in perfect solution the medicinal properties of one half a pound of the Vegetable; but, when a larger proportion is used, the excess will almost invariably be found in the bottom of the bottle. We, therefore, offer these Elixirs to the profession, and earnestly desire a trial in their practice, knowing that they will contain just what we represent them to contain, in perfect solution, with their nauseous properties, to a great extent, disguised.

They will be furnished at one-half the ordinary market price of Fluid Extracts, although many of the Fluid Extracts in the market are not equal to these Elixirs in strength. Our present list embraces the following:

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" " Buchu.	" " Hoarhound.	" " Senna.
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This preparation has been found to entirely disguise the bitterness of Quinia, and is therefore the best vehicle for administering this bitter alkaloid ever discovered.

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An elegant and reliable preparation, used in Coughs, Colds, and Pulmonary affections generally.

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The valuable properties of Iron, Phosphorous and Calisaya, in an agreeable combination, particularly useful as a general tonic in anemic and debilitated conditions of the system.

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We offer this as a pure, unadulterated article, prepared from fresh livers, and after the most approved process.

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" " Iron,
" Sarsaparilla,
" Stillingia,
" Lime,
" Hypophosphate Iron and Manganese,
Wine Calisaya (Ferrated),
" Wild Cherry,
" " " (Ferrated),
" Iron (Bitter),
Tannate Bismuth,
Citrate Bismuth,
Cantharidal Vesicant.

PEPSIN

AND

PANCREATINE PREPARATIONS.

We should not offer such an extensive list of these preparations to the profession, had we not experimentally proved that they are most valuable Therapeutic agents, and therefore feel confident in asserting that when they have been prescribed, where indicated, with unsatisfactory results, they must have contained a very small proportion of Pepsin or Pancreatine, to a large proportion of Starch. Pepsin and Pancreatine being glutinous substances, it is necessary to unite them with Starch or Malt, in order to present them in the form of powder. Physicians should therefore be cautious as to whose preparation they prescribe, as it is a very easy matter to use a large proportion of Starch or Malt, to a small proportion of Pepsin or Pancreatine.

It is very evident that if these preparations will digest food artificially, they will assist digestion when taken into the stomach, and thus remove the strain upon those productive organs, and give nature time to recuperate. It has been established beyond a doubt that the office of Pepsin is to digest the more solid portions of food, and Pancreatine the oily and fatty substances.

We do not think there are any medicinal agents that can be administered with more certainty than Pepsin and Pancreatine when pure.

PEPSIN POWDER.

Containing pure Pepsin, with the addition of sufficient Starch to represent in the form of powder, and a small proportion of Lactic Acid. It will digest from four to six times its weight. It is manufactured with the greatest care and attention from the stomach of the pig. Dose—ten to fifteen grains before each meal.

ELIXIR PEPSIN, STRYCHNIA AND BISMUTH.

It has proved to be, in most forms of Dyspepsia, the best remedy ever produced. Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, and eight grains of Ammonio-Citrate of Bismuth. Dose—one teaspoonful before meals.

ELIXIR PEPSIN AND BISMUTH.

Used with great success in Dysentery, Diarrhœa, Vomiting in Pregnancy, and derangement of the Digestive Organs. Each ounce contains forty grains Pepsin, and eight grains Ammonio Citrate of Bismuth. Dose—from one to two teaspoonfuls.

ELIXIR PEPSIN AND STRYCHNIA.

A valuable Nervous Tonic and Dyspeptic remedy. Each ounce contains forty grains Pepsin, and 8-75 of a grain of Strychnia. Dose—from one to two teaspoonfuls.

ELIXIR OF PEPSIN.

Used in the various forms of Dyspepsia, and kindred diseases. Each ounce contains forty grains Pepsin. Dose—from a dessert to a tablespoonful.

ELIXIR PEPSIN, STRYCHNIA & BISMUTH, WITH PANCREATINE.

Particularly applicable in cases of Dyspepsia, when the stomach is incapable of digesting oily or fatty substances, as well as the more solid substances of food.

Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, eight grains of Ammonio-Citrate of Bismuth and forty grains Pancreatine. Dose—one teaspoonful.

ELIXIR PANCREATINE.

Used when the stomach is incapable of digesting oily and fatty substances, and in connection with Cod Liver Oil. Each ounce contains forty grains Pancreatine. Dose—from a dessert to a tablespoonful.

WINE OF PANCREATINE.

Each ounce contains ten grains of Pancreatine. Dose—half a wine-glassful.

PANCREATINE AND COD LIVER OIL.

Cod Liver Oil should very seldom be administered except in conjunction with Pancreatine, for, usually, when the oil is indicated, the digestive organs are incapable of properly digesting the oil. We believe that Cod Liver Oil will become decidedly more effective if administered with Pancreatine, and it will be found to agree with the stomach in every case. Each tablespoonful contains five grains of Pancreatine. Dose—one dessertspoonful.

TROCHES OF PEPSIN AND PANCREATINE.

One of the best forms for administering Pepsin with Pancreatine, and will be found very valuable in cases of Indigestion, Gastralgia, Gastrodynia, Pyrosis, Heartburn, Flatulency, and especially where there is inability to digest oils, &c. Each Troche contains two grains of pure Pepsin, and two grains Pancreatine with Lactic Acid.

Dose, from two to three Troches.

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The Spring and Summer Session of the above School of Medicine will commence March 14th, 1870, and continue until July 1st. The following Clinical and Didactic courses will be given:

On Venereal Diseases and Diseases of the Skin, by Prof. L. P. YANDELL, Jr., M. D.

On Diseases of the Eye, by Prof. J. M. BODINE, M. D.

On Diseases of the Throat and Chest, by Prof. E. R. PALMER, M. D.

On the Chemistry of the Fluids of the Body, by Prof. J. W. HOLLAND, M. D.

On Anatomy, by R. O. COWLING, M. D.

On Minor and Operative Surgery, by R. H. SINGLETON, M. D.

On Practice and Materia Medica, by C. B. BLACKBURN, M. D.

On Obstetrics, by SAM'L MANLY, M. D.

On Physiology, by JAMES MCCARTHY, M. D.

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JAMES McCARTHY, M. D.....Prosector to the Chair of Anatomy.

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Professors' Tickets, in full.....	$50 00	Matriculation Fee	$ 5 00
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Hospital Ticket (required by City), $5 00

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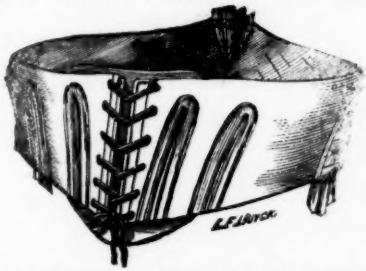
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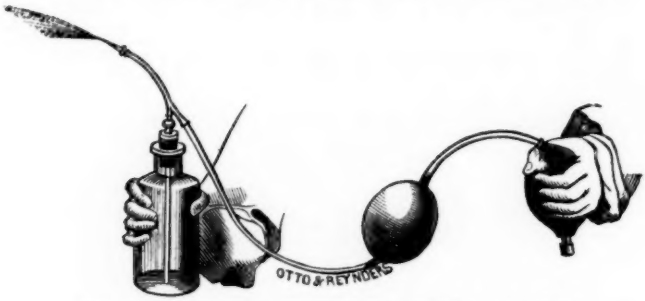
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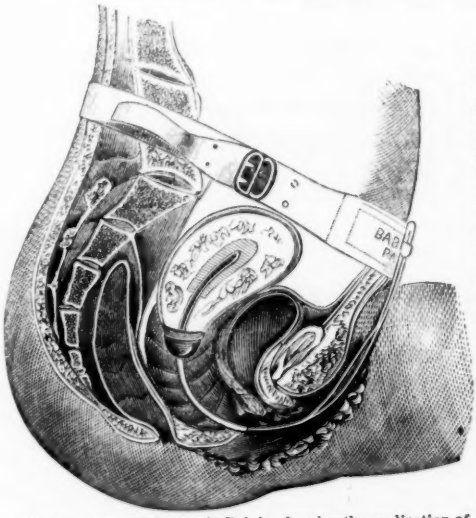
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WARREN STONE, M. D., Professor of Surgery.
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SAMUEL M. BEMISS, M. D., Professor of Medicine.
STANFORD E. CHAILLE, M. D., Professor of Physiology.
FRANK HAWTHORN, M. D., Professor of Materia Medica.
JOSEPH JONES, M. D., Professor of Chemistry.
C. J. BICKHAM, M. D., Demonstrator of Anatomy.

The Thirty-third Annual Course of Instruction in this Department will commence on Monday, November 14, 1870, and terminate on Saturday, March 14, 1871. Preliminary Lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 18th of October, without any charge to students. The Anatomical rooms will be opened at the same time.

The members of the Faculty are Visiting Physicians and Surgeons to the Charity Hospital, and give instruction daily at the bedside of the sick. The practical advantages thus offered to students are unrivaled.

FEES.—For all the Lectures, $140; Matriculation, $5; Practical Anatomy, $10; Graduation, $30. Payment required in advance.

For further information, address

[8—2m] **T. G. RICHARDSON, M. D., Dean.**

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☞ The Regular Term will commence Wednesday, October 5, 1870.
For further information apply to the Dean. [8—3m.]

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CITY OF NEW YORK.

SESSIONS OF 1870-71.

THE Collegiate Year in this Institution embraces a preliminary Autumnal Term, the regular Winter Session, and a Summer Session. The preliminary Autumnal Term for 1870-71 will commence on Wednesday, September 14, 1870, and continue until the opening of the Regular Session. During this term instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, exclusively by members of the Faculty. Students designing to attend the Regular Session are strongly recommended to attend during the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term clinical and didactic lectures will be given in the same number and order as in the Regular Session. The Regular Session will commence on Wednesday, October 12th, and end about March 1, 1871.

FACULTY.

ISAAC E. TAYLOR, M. D., . .	Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College
JAMES R. WOOD, M. D., LL. D., .	Emeritus Prof. of Surgery.
FORDYCE BARKER, M. D., . .	Prof. of Clinical Midwifery and Diseases of Women.
FRANK H. HAMILTON, M. D., LL. D.,	Prof. of Practice of Surgery with Operations and Clinical Surgery.
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GEORGE T. ELLIOTT, M. D., .	Prof. of Obstetrics and Diseases of Women and Children and Clinical Midwifery.
STEPHEN SMITH, M. D., . . .	Prof. of Descriptive and Comparative Anatomy and Clinical Surgery.
AUSTIN FLINT, M. D., . . .	Prof. of Principles and Practice of Medicine and Clinical Medicine.
R. OGDEN DOREMUS, M, D., . .	Prof. of Chemistry and Toxicology.
WILLIAM A. HAMMOND, M. D.,	Prof. of Diseases of the Mind and Nervous System and Clinical Medicine.
AUSTIN FLINT, Jr., M. D., . . .	Prof. of Physiology and Microscopy, and Secretary of the Faculty.

SPECIAL LECTURES IN THE REGULAR TERM.

OPHTHALMOLOGY, ... By PROF. HENRY D. NOYES, M. D.
DISEASES OF THE SKIN, ... By PROF. FOSTER SWIFT, M. D.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons in the Bellevue Hospital and the great Charity Hospital on Blackwell's Island.

This Session will consist of two Recitation Terms; the first from March 14th to July 1st, and the second from September 1st to the opening of the Regular Session. During this Session there will be daily recitations in all the departments held by members of the regular Faculty and their assistants. Regular clinics will also be held daily.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00	Demonstrator's Ticket (including material for dissection)	$10 00
Matriculation Fee	5 00	Graduation Fee	30 00

Fees for the Summer Session.

Matriculation (Ticket good for the following Winter)	$5 00	Chemical Laboratory (including material)	$25 00
Recitations and Clinics	35 00	Dissecting (Ticket good for the following Winter)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

[8—2m]

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[8—6m]

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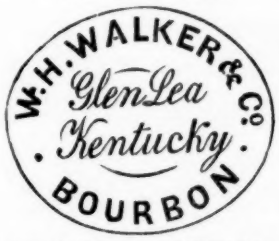
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Elixir Cinchona, Iron and Strychnia.

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One of the most powerful, prompt, and efficient alteratives, and is used in Syphilitic, Scrofulous, Osseous and Glandular Diseases, and in all depraved conditions of the blood.

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This Elixir is an agreeable laxative, anti-acid and tonic. Useful in cases of Constipation, Piles, Diarrhœa, Dysentery, Cholera Morbus, Cholera Infantum, Acidity of the Stomach, and as a laxative in pregnancy.

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Each ounce contains eight grains of the combined Salts. Used in Coughs, Colds, and Pulmonary affections generally.

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They will be furnished at one-half the ordinary market price of Fluid Extracts, although many of the Fluid Extracts in the market are not equal to these Elixirs in strength. Our present list embraces the following:

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This preparation has points of merit over any similar combination in strength and elegance.

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Elixir Valerianate of Ammonia and Quinine.

An excellent nervous stimulant and tonic, and used particularly in Neuralgic affections, especially when they partake of a malarious form.

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The popularity of Tinct. Chloride of Iron with a large class of physicians, and the expense of Peruvian Bark, has induced us to offer a combination of Gentian with this valuable form of Iron, in an agreeable Elixir, and at a price that will bring it within reach of every class of practice.

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A powerful general tonic, stomachic, and readily assimilable, well adapted to certain Chlorotic and Anemic states, and especially valuable in morbid conditions of the nervous system.

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Iodide of Calcium contains a larger proportion of Iodine than Iodide of Potassium, and is unquestionably a better Alterative. It is being used quite extensively, and we think finally will take the place of the other salts of the Iodides to a very great extent.

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Chlorodyne has been used in England and on the Continent with great success for a number of years, but has been introduced in this country to a limited extent, for the reason that the imported article is very expensive. It has undergone prolonged and severe tests in various diseases. Ours is prepared according to the most approved formula.

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This preparation is recommended to possess advantages over any other artificial coating in every respect. It produces no irritation or pain when applied to excoriations. The air is perfectly excluded, and there is, consequently, no decomposition. It solidifies either blood, serum, pus or albumen, and therefore forms a perfectly adhesive film.

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Particularly valuable in those cases where an Iron tonic is indicated with the sedative properties of Wild Cherry Bark.

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We offer this as a pure, unadulterated article, prepared from fresh livers, and after the most approved process.

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" Rhubarb and Magnesia,
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" Protox. Iron and Quinia,
" Bismuth,
" Protoxide of Iron,
" Valerianate of Quinine,
Syrup Iodide of Starch,
" Iodide of Iron and Manganese,
" Superphosphate Iron,
" Stillingia Comp.
" Blackberry (Aromatic),
" Sarsaparilla Comp., U. S. P.,
" Phosphate of Iron,

Syrup Citrate of Iron and Quinine,
" " " Strychnia,
" Hypophosphites Chir.
" " Comp.
" " Iron,
" Sarsaparilla,
" Stillingia,
" Lime,
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Wine Calisaya (Ferrated),
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AND

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We should not offer such an extensive list of these preparations to the profession, had we not experimentally proved that they are most valuable Therapeutic agents, and therefore feel confident in asserting that when they have been prescribed, where indicated, with unsatisfactory results, they must have contained a very small proportion of Pepsin or Pancreatine, to a large proportion of Starch. Pepsin and Pancreatine being glutinous substances, it is necessary to unite them with Starch or Malt, in order to present them in the form of powder. Physicians should therefore be cautious as to whose preparation they prescribe, as it is a very easy matter to use a large proportion of Starch or Malt, to a small proportion of Pepsin or Pancreatine.

It is very evident that if these preparations will digest food artificially, they will assist digestion when taken into the stomach, and thus remove the strain upon those productive organs, and give nature time to recuperate. It has been established beyond a doubt that the office of Pepsin is to digest the more solid portions of food, and Pancreatine the oily and fatty substances.

We do not think there are any medicinal agents that can be administered with more certainty than Pepsin and Pancreatine when pure.

PEPSIN POWDER.

Containing pure Pépsin, with the addition of sufficient Starch to represent in the form of powder, and a small proportion of Lactic Acid. It will digest from four to six times its weight. It is manufactured with the greatest care and attention from the stomach of the pig. Dose—ten to fifteen grains before each meal.

ELIXIR PEPSIN, STRYCHNIA AND BISMUTH.

It has proved to be, in most forms of Dyspepsia, the best remedy ever produced. Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, and eight grains of Ammonio-Citrate of Bismuth. Dose—one teaspoonful before meals.

ELIXIR PEPSIN AND BISMUTH.

Used with great success in Dysentery, Diarrhœa, Vomiting in Pregnancy, and derangement of the Digestive Organs. Each ounce contains forty grains Pepsin, and eight grains Ammonio Citrate of Bismuth. Dose—from one to two teaspoonfuls.

ELIXIR PEPSIN AND STRYCHNIA.

A valuable Nervous Tonic and Dyspeptic remedy. Each ounce contains forty grains Pepsin, and 8-75 of a grain of Strychnia. Dose—from one to two teaspoonfuls.

ELIXIR OF PEPSIN.

Used in the various forms of Dyspepsia, and kindred diseases. Each ounce contains forty grains Pepsin. Dose—from a dessert to a tablespoonful.

ELIXIR PEPSIN, STRYCHNIA & BISMUTH, WITH PANCREATINE.

Particularly applicable in cases of Dyspepsia, when the stomach is incapable of digesting oily or fatty substances, as well as the more solid substances of food.

Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, eight grains of Ammonio-Citrate of Bismuth and forty grains Pancreatine. Dose—one teaspoonful.

ELIXIR PANCREATINE.

Used when the stomach is incapable of digesting oily and fatty substances, and in connection with Cod Liver Oil. Each ounce contains forty grains Pancreatine. Dose—from a dessert to a tablespoonful.

WINE OF PANCREATINE.

Each ounce contains ten grains of Pancreatine. Dose—half a wine-glassful.

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Cod Liver Oil should very seldom be administered except in conjunction with Pancreatine, for, usually, when the oil is indicated, the digestive organs are incapable of properly digesting the oil. We believe that Cod Liver Oil will become decidedly more effective if administered with Pancreatine, and it will be found to agree with the stomach in every case. Each tablespoonful contains five grains of Pancreatine. Dose—one dessertspoonful.

TROCHES OF PEPSIN AND PANCREATINE.

One of the best forms for administering Pepsin with Pancreatine, and will be found very valuable in cases of Indigestion, Gastralgia, Gastrodynia, Pyrosis, Heartburn, Flatulency, and especially where there is inability to digest oils, &c. Each Troche contains two grains of pure Pepsin, and two grains Pancreatine with Lactic Acid.

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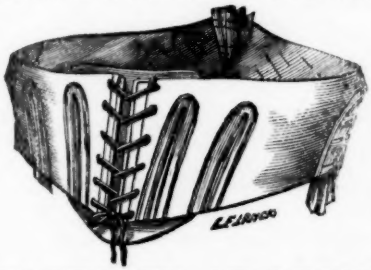
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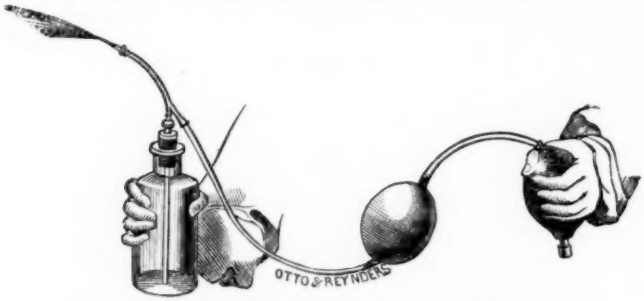
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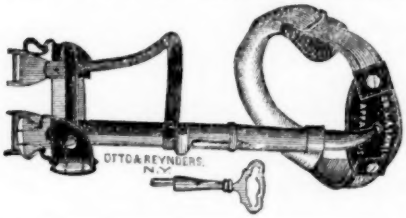
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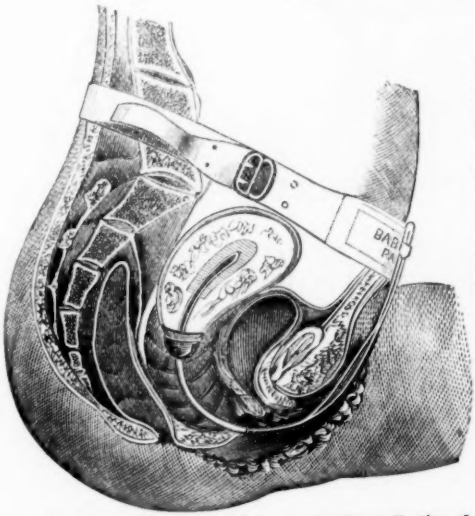
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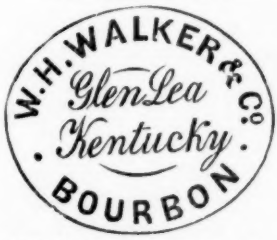
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They will be furnished at one-half the ordinary market price of Fluid Extracts, although many of the Fluid Extracts in the market are not equal to these Elixirs in strength. Our present list embraces the following:

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" " Blood Root.	" " Helonias Root	" " Sarsaparilla.
" " Blue Flag.	Comp.	" " " Comp.
" " Boneset.	" " Henbane	" " Seneka.
" " Buchu.	" " Hoarhound.	" " Senna.
" " Buchu & Pareira Brava.	" " Ipecac.	" " " Comp.
" " Burdock.	" " Jalap.	" " Snake Root.
" " Butternut.	" " Juniper Berries	" " Squills.
" " Catnip.	" " Ladie's Slipper.	" " " Comp.
" " Chamomile.	" " Lettuce.	" " Stillingia.
" " Colchicum Root	" " Lobelia.	" " " Comp.
" " Columbo.	" " " Comp.	" " Stramonium.
" " Comfrey.	" " Male Fern.	" " Tansey.
" " Conium.	" " Mandrake.	" " Turkey Corn.
" " Cotton Root.	" " Matico.	" " Unicorn.
" " Cramp Bark.	" " Nux Vomica.	" " Uva Ursi.
" " Colt's-foot.	" " Orange Peel.	" " Valerian.
" " Cubebs.	" " Pareira Brava.	" " Water Pepper.
" " Culvers Root.	" " Pink Root.	" " White Oak.
" " Dandelion Root	" " " & Senna.	" " Witch Hazel.
" " Digitalis.	" " Pipsissewa.	" " Wormseed.
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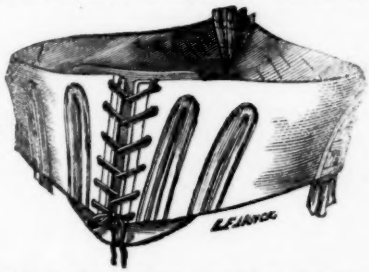
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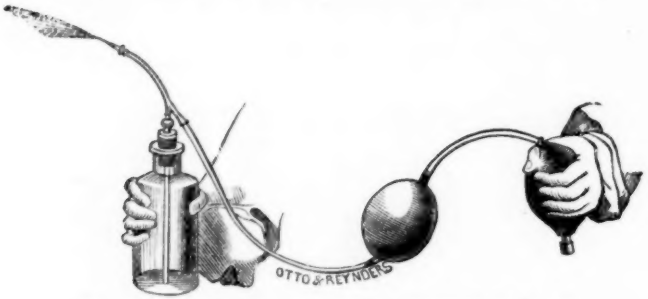
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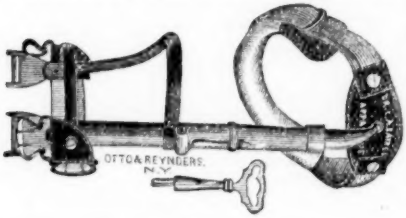
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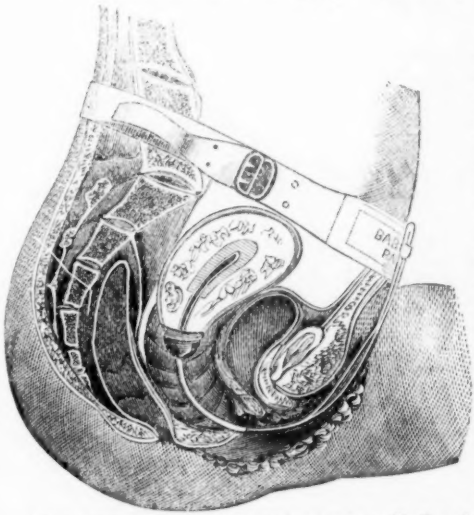
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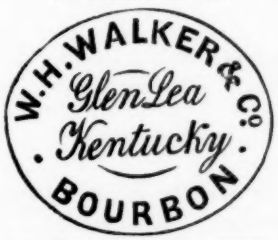
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A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

Syrup of Hypophosphite of Lime,

Dr. Churchill's Prescription.

Prescribed by the most distinguished physicians for *affections of the lungs, Phtysis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron and of Manganese.

Grimault's Medicinal Pepsine,

In Powder.

The therapeutical value of Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food, cannnot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy.*

Physicians will please notice that GRIMAULT'S PEPSINE *may always be relied upon.* Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

Also Grimault's Wine, Elixir, Pills and Lozenges of Pepsine.

Grimault's Indian Cigarettes,

Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

Grimault's Guarana,

Prepared from the Paulinia Sorbilis of Brazil. It is a sovereign remedy in *Headache, Neuralgia* and *Diarrhœa.*

Grimault's Matico Injection and Capsules.

A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the Essential Oil of Matico, combined with the Balsam of Copaiba. and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with matico.

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LIEBIG'S EXTRACT OF MEAT

OF LA PLATA.

PREPARED BY
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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good Butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of weak constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate and will recommend itself at once for its *purity*, its *permanency* and *cheapness.*

Though not bearing the Signature of Prof. Liebig, this Extract is none the less a true Liebig's Extract of Meat, being prepared according to the processes published by him, perfected by the progress of science and of industrial machinery. Before it is put in pots, it is analysed by Profs. Depaire and Jouret, of Brussels, whose signature is found on each pot.

E. FOUGERA, Sole Agent for the U. S.

Fougera's Ready-Made Mustard Plasters

Nos. 1 and 2.

A most useful, convenient. and desirable preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1 of pure mustard; No. 2 of half mustard. Each kind put up separately, in boxes of ten plasters, cut or in rolls.

FOUGERA'S PECTORAL PASTE,

(ICELAND MOSS AND LACUCARIUM.)

Used with great success against Nervous and convulsive Coughs, Hooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c

Wakefulness, Cough, and other sufferings in Consumption are greatly relieved by the soothing and Expectorant Properties of this Paste.

LANCELOT'S CIGARETTES,

FOR ASTHMA.

It suffices to *inhale* the smoke of these cigarettes to experience immediate relief

All nervous affections in general, and especially those of the chest, are often cured, and always relieved by the use of Lancelot's Cigarettes.

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IODINISED

COD LIVER OIL.

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils sold in Europe or in this market, is due to the addition of IODINE BROMINE, AND PHOSPHOROUS.

This oil possess not only the nourishing properties of Cod Liver Oil, but also the tonic, stimulant and alterative virtues of IODINE, BROMINE AND PHOSPHOROUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL, FIVE TIMES stronger and more efficacious than pure Cod Liver Oil, saving therefore

TIME, MONEY, SUFFERING AND LIFE.

FOUGERA'S VERMIFUGE.

(COMP. DRAGÉES OF SANTONINE.)

Santonine, the active principal of *Semen contra* (European Wormseed,) occupies the first rank among the anthelmintic remedies. In this preparation the santonine is combined with a purgative agent and is at once pleasing to the eye and efficacious. For several years many of our principal Physicians in all parts of the Union have expressed themselves highly pleased with the efficacy and elegance of this vermifuge Each dragee contains one half grain of Santonine and one fifth grain of gambogine.

Full directions accompany each bottle.

E. FOUGERA,

General Agent for the U. S. for

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BURIN Du BUISSON'S Ferromanganic Preparations,

and Powders and Lozenges of Lactate of Soda and Magnesia.

VICHY WATER,

SALTS AND LOZENGES, IMPORTED DIRECT.

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BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

BLANCHARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmaceutists. Each pill containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balm of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

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BOUDAULT'S PEPSINE

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

Boudault's Pepsine is considered the most reliable; it is the only one used in the Hospitals of Paris, the only one recommended by Professors Wood and Bache (see American Dispensatory, 11th edition, pages 1479-1480,) and the only one approved by the committee appointed to revise the New French Codex, (1866.) Boudault's Pepsine is sold in powder (in 1, 8 and 16 oz. bottles.) The dose is 15 grains 2 or 3 times a day, at meal times.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion* following fevers, and also for *Consumption* and other *Chronic Diseases. Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy.*

Physicians can always depend upon Boudault's Pepsine, as it is always tested before being sold in the market, and has therefore always the same digestive power.

FOUGERA'S

IODO-FERRO-PHOSPHATED

ELIXIR OF HORSE RADISH

This Elixir, introduced (in 1867,) by E. Fougera, contains Iodine, Pyro-phosphate of Iron, the active principles of Water-cress, Scurvy-grass, Horse-radish, and other aromatic plants, and acts as a *diuretic tonic, stimulant, emmenagogue,* and a *powerful regenerator of the blood.* It is a most invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the immense advantages of this new preparation consists in combining the virtues of Iodine and Iron, and in being deprived of the Inky taste of Iodide of Iron. This invaluable agent may now be administered under an agreeable and palatable form, with the further advantage of being readily assimilated and well tolerated by the most delicate stomachs.

Dose, a tablespoonful 3 times a day, at meal times, for children in proportion.

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Keeps constantly on hand a full variety of Metallic and Rubber Syringes, Stomach Pumps, Saddle-bags, Medicine Cases, Stockings for Varicose Veins, etc. Special attention given to the fitting of Apparatus for deformities. [6-1y]

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The Twenty-eighth Annual Course of Lectures will commence on Wednesday, September 28, 1870, and continue eighteen weeks.

Fees.—Lectures, $55.00; Matriculation, $5.00; Dissection, $5.00; Hospital, $5.00; Graduation, $25.00.

Daily Clinics at the Dispensary (except Sundays). Surgical Clinics on Saturday afternoons throughout the year, at which patients from the *country* and *city* are treated gratuitously. Hospital Clinics are abundant and varied.

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To the Medical Profession.

The design of our manufacturing establishment is to keep pace with the requirements of physicians in Pharmacy, and to *lead* in the production of elegant and reliable preparations. No one can doubt our success who is acquainted with their extended use by leading practitioners, and with the fact that they are copied from our list as soon as produced, by numerous houses in every section of the country.

Physicians and Druggists, in writing for our preparations, should designate them as R., C. and A.'s, to prevent substitution. Circulars, containing minute description and formula of each preparation, also price lists, &c., furnished upon application, with pleasure.

MISCELLANEOUS LIST OF

PHARMACEUTICAL PREPARATIONS.

The palatability of an Elixir depends, as a matter of necessity, upon the offensiveness of its ingredients, which always can, to a great extent, be disguised; but when it is offered by any parties so extremely pleasant that very little but the Elixir is perceptible to the palate, it certainly can contain but a very small proportion of the medicinal ingredients.

We were the first to originate and introduce most of the Elixirs in this country, and their popularity among physicians in every part of the United States has caused us to feel a pride in keeping them invariably up to the standard.

The profession will always find our Elixirs as palatable as pharmaceutical science can make them, and still contain the quantity of each ingredient represented on the labels and dose books.

Elixir Calisaya, Iron and Bismuth.

Since we originated this preparation it has become immensely popular in every part of the United States. It is extensively used in Dyspepsia, Anæmia, Female Debility, and as a general tonic.

Elixir Cinchona, Iron and Strychnia.

It is especially adapted to cases of general debility, attended with nervous prostration, and it is successfully used in Chlorosis, Constipation, Indigestion, when there is a tendency to Paralysis, and in all conditions of the system where a nervous tonic, combined with general tonics, is desired.

Comp. Elixir Stillingia.

One of the most powerful, prompt, and efficient alteratives, and is used in Syphilitic, Scrofulous, Osseous and Glandular Diseases, and in all depraved conditions of the blood.

Comp. Elixir Helonias Root.

This preparation will be found to exert a specific influence on the Uterus, and will be found particularly valuable in all functional disarrangements of that organ, and to overcome the tendency to habitual abortion. It is used with the happiest results among pregnant females for several weeks previous to parturition. It acts as a uterine tonic, removes cramps, and decidedly facilitates labor.

Elixir Citrate Lithia.

Expressly adapted in cases where it is desirable to eliminate uric acid from the system, and to prevent deposits of insoluble salts in the bladder, and to dissolve them when formed there. It is undoubtedly superior to any preparation produced in Rheumatism, Gout, and Urinary Deposits.

Aromatic Elixir Rhubarb and Magnesia.

This Elixir is an agreeable laxative, anti-acid and tonic. Useful in cases of Constipation, Piles, Diarrhœa, Dysentery, Cholera Morbus, Cholera Infantum, Acidity of the Stomach, and as a laxative in pregnancy.

Elixir Valerianate of Morphia.

More efficacious and palatable than Valerianate of Ammonia. Used as a sedative in nervous affections, restlessness, &c.

Elixir Propylamine.

Used principally in Rheumatism. The offensiveness is almost entirely disguised.

Wine of Calisaya.

A pleasant tonic, containing all the properties of the best Calisaya, or Royal Yellow Bark, united with aromatics in avinous menstruum. Adapted especially to females, children, and those with weak or delicate stomachs, and to the prevention of malarious diseases.

Cod Liver Oil with Hypophosphites.

(Lime and Soda.)

Each ounce contains eight grains of the combined Salts. Used in Coughs, Colds, and Pulmonary affections generally.

SELIBRILE ELIXIRS OF

MEDICINAL VEGETABLE SUBSTANCES.

The word "Selibrile," used in connection with the following Elixirs, is derived from the Latin word *Selibra*, and means half pound. We use the word *Selibrile* to distinguish them from the purported strength of Fluid Extracts, and thus avoid mistakes which might possibly occur in supposing them to be "pound for pound," instead of a half pound of the Root, Herb, or Bark, to a pound of menstruum.

We respectfully invite the attention of every practitioner to the following class of preparations. There is, probably, not one physician in a thousand, who has thoroughly tested the medicinal virtues of Fluid Extracts in their practice, but what has found them unreliable; and the question has undoubtedly arisen in his mind, why are they so? The first and most important reason is, that one pound of *any* menstruum will not hold the medicinal properties of one pound of the Roots, Herbs, and Barks that are used in medicine. In proof of this, take from any druggist's shelf a Fluid Extract, made as represented, pound for pound, and you will find a precipitate in the bottle, which, upon examination, will show a large portion of the medicinal virtues. On the other hand, when they are found in the market without sediment in the bottle, it is safe to infer that they do not contain pound for pound.

We have been experimenting with the vegetable substances used in medicine during the past year, with a view of placing Fluid Extracts on our list. The result of these experiments has convinced us that we could not, with any uniform reliability, say to a physician: If you prescribe one fluid drachm of our Extract, you will obtain all the medicinal virtues of one drachm of the Root, Herb or Bark. But our experiments have proven that one pound of menstruum in the form of an Elixir will hold in perfect solution the medicinal properties of one half a pound of the Vegetable; but, when a larger proportion is used, the excess will almost invariably be found in the bottom of the bottle. We, therefore, offer these Elixirs to the profession, and earnestly desire a trial in their practice, knowing that they will contain just what we represent them to contain, in perfect solution, with their nauseous properties, to a great extent, disguised.

They will be furnished at one-half the ordinary market price of Fluid Extracts, although many of the Fluid Extracts in the market are not equal to these Elixirs in strength. Our present list embraces the following:

SELIBRILE ELIX. ACONITE ROOT.
" " BLACK COHOSH.
" " BLACK'Y ROOT.
" " BELLADONNA.
" " BITTER SWEET.
" " BLOOD ROOT.
" " BLUE FLAG.
" " BONESET.
" " BUCHU.
" " BUCHU & PAREIRA BRAVA.
" " BURDOCK.
" " BUTTERNUT.
" " CATNIP.
" " CHAMOMILE.
" " COLCHICUM ROOT
" " COLUMBO.
" " COMFREY.
" " CONIUM.
" " COTTON ROOT.
" " CRAMP BARK.
" " COLTSFOOT.
" " CUBEBS.
" " CULVERS ROOT.
" " DANDELION ROOT
" " DIGITALIS.
" " ELECAMPANE.

SELIBRILE ELIX. ERGOT.
" " GELSEMINUM.
" " GENTIAN.
" " GINGER.
" " GOLDEN SEAL.
" " HELONIAS ROOT COMP.
" " HENBANE
" " HOARHOUND.
" " IPECAC.
" " JALAP.
" " JUNIPER BERRIES.
" " LADIE'S SLIPPER.
" " LETTUCE.
" " LOBELIA.
" " " COMP.
" " MALE FERN.
" " MANDRAKE.
" " MATICO.
" " NUX VOMICA.
" " ORANGE PEEL.
" " PAREIRA BRAVA.
" " PINK ROOT.
" " " & SENNA.
" " PIPSISSEWA.
" " PLEURISY ROOT.

SELIBRILE ELIX. POKE ROOT.
" " POPLAR BARK.
" " PRICKLY ASH.
" " QUASSIA.
" " RHATANY.
" " SARSAPARILLA.
" " " COMP.
" " SENEKA.
" " SENNA.
" " " COMP.
" " SNAKE ROOT.
" " SQUILLS.
" " " COMP.
" " STILLINGIA.
" " " COMP.
" " STRAMONIUM.
" " TANSEY.
" " TURKEY CORN.
" " UNICORN.
" " UVA URSI.
" " VALERIAN.
" " WATER PEPPER.
" " WHITE OAK.
" " WITCH HAZEL.
" " WORMSEED.
" " XELLOW DOCK.

Elixir Taraxacum Comp.

This preparation has been found to entirely disguise the bitterness of Quinia, and is therefore the best vehicle for administering this bitter alkaloid ever discovered.

Elixir Matico Comp.

We offer this preparation as a reliable and efficient remedy in Gonorrhœa, Blenorrhœa, and other diseases of the urinary organs.

Elixir Mandrake Comp.

A valuable general cathartic, containing Mandrake, Culvers Root, Senna, Ginger, &c., and is comparatively pleasant to administer.

Elixir Cherry Bark Comp.

An elegant and reliable preparation, used in Coughs, Colds, and Pulmonary affections generally.

Elixir Pink Root Comp.

This preparation will be readily taken by children, and will be found perfectly reliable as a vermifuge.

Elixir Bark and Protoxide of Iron.

This preparation has points of merit over any similar combination in strength and elegance.

Elixir Bark and Pyrophosphate of Iron.

The valuable properties of iron, Phosphorous and Calisaya, in an agreeable combination, particularly useful as a general tonic in anemic and debilitated conditions of the system.

Elixir Valerianate of Ammonia.

All unpleasant taste is effectually disguised, and we confidently believe that, of the numerous Elixirs manufactured, few can compare with it in delicacy of flavor.

Elixir Valerianate of Zinc.

The offensiveness of the salt is very effectually disguised. Used as an anti-spasmodic in Neuralgia, Nervous Headache, Hysteria, and similar diseases.

Elixir Valerianate of Ammonia and Quinine.

An excellent nervous stimulant and tonic, and used particularly in Neuralgic affections, especially when they partake of a malarious form.

Elixir Gentian, with Chloride of Iron.

The popularity of Tinct. Chloride of Iron with a large class of physicians, and the expense of Peruvian Bark, has induced us to offer a combination of Gentian with this valuable form of Iron, in an agreeable Elixir, and at a price that will bring it within reach of every class of practice.

Syrup Phosphate of Iron, Quinia and Strychnia.

A powerful general tonic, stomachic, and readily assimilable, well adapted to certain Chlorotic and Anemic states, and especially valuable in morbid conditions of the nervous system.

Syrup Iodide of Calcium (Lime).

Iodide of Calcium contains a larger proportion of Iodine than Iodide of Potassium, and is unquestionably a better Alterative. It is being used quite extensively, and we think finally will take the place of the other salts of the Iodides to a very great extent.

Chlorodyne.

Chlorodyne has been used in England and on the Continent with great success for a number of years, but has been introduced in this country to a limited extent, for the reason that the imported article is very expensive. It has undergone prolonged and severe tests in various diseases. Ours is prepared according to the most approved formula.

Styptic Colloid.

This preparation is recommended to possess advantages over any other artificial coating in every respect. It produces no irritation or pain when applied to excoriations. The air is perfectly excluded, and there is, consequently, no decomposition. It solidifies either blood, serum, pus or albumen, and therefore forms a perfectly adhesive film.

Wine of Wild Cherry, Ferrated.

Particularly valuable in those cases where an Iron tonic is indicated with the sedative properties of Wild Cherry Bark.

Cod Liver Oil.

We offer this as a pure, unadulterated article, prepared from fresh livers, and after the most approved process.

Elix. Phos. Iron. Quinine and Strychnia.
" Phosphate of Iron.
" Bromide of Ammonium.
" Bromide Potassium.
" Lupulin and Columbo.
" Rhubarb and Magnesia.
" Protox. Iron with Iodide Potassium.
" Protox. Iron and Quinia.
" Bismuth.
" Protoxide of Iron.
" Valerianate of Quinine.

Syrup Iodide of Starch.
" Iodide of Iron and Manganese.
" Superphosphate Iron.
" Stillingia Comp.
" Blackberry (Aromatic).
" Sarsaparilla Comp., U. S. P.
" Phosphate of Iron.

Syrup Citrate of Iron and Quinine.
" " " Strychnia
" Hypophosphites Chur.
" " Comp.
" " Iron.
" Sarsaparilla.
" Stillingia.
" Lime.
" Hypophosphate Iron and Manganese.

Wine Calisaya (Ferrated).
" Wild Cherry.
" " " (Ferrated).
" Iron (Bitter).

Tannate Bismuth.
Citrate Bismuth.
Cantharidal Vesicant.
Solution Carbolic Acid.
Essence of Jamaica Ginger.
Deodorized Infus Opium.

PEPSIN

AND

PANCREATINE PREPARATIONS.

We should not offer such an extensive list of these preparations to the profession, had we not experimentally proved that they are most valuable Therapeutic agents, and therefore feel confident in asserting that when they have been prescribed, where indicated, with unsatisfactory results, they must have contained a very small proportion of Pepsin or Pancreatine, to a large proportion of Starch. Pepsin and Pancreatine being glutinous substances, it is necessary to unite them with Starch or Malt, in order to present them in the form of powder. Physicians should therefore be cautious as to whose preparation they prescribe, as it is a very easy matter to use a large proportion of Starch or Malt, to a small proportion of Pepsin or Pancreatine.

It is very evident that if these preparations will digest food artificially, they will assist digestion when taken into the stomach, and thus remove the strain upon those productive organs, and give nature time to recuperate. It has been established beyond a doubt that the office of Pepsin is to digest the more solid portions of food, and Pancreatine the oily and fatty substances.

We do not think there are any medicinal agents that can be administered with more certainty than Pepsin and Pancreatine when pure.

PEPSIN POWDER.

Containing pure Pepsin, with the addition of sufficient Starch to represent in the form of powder, and a small proportion of Lactic Acid. It will digest from four to six times its weight. It is manufactured with the greatest care and attention from the stomach of the pig. Dose—ten to fifteen grains before each meal.

ELIXIR PEPSIN, STRYCHNIA AND BISMUTH.

It has proved to be, in most forms of Dyspepsia, the best remedy ever produced. Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, and eight grains of Ammonio-Citrate of Bismuth. Dose—one teaspoonful before meals.

ELIXIR PEPSIN AND BISMUTH.

Used with great success in Dysentery, Diarrhœa, Vomiting in Pregnancy, and derangement of the Digestive Organs. Each ounce contains forty grains Pepsin, and eight grains Ammonio Citrate of Bismuth. Dose—from one to two teaspoonfuls.

ELIXIR PEPSIN AND STRYCHNIA.

A valuable Nervous Tonic and Dyspeptic remedy. Each ounce contains forty grains Pepsin and 8-75 of a grain of Strychnia. Dose—from one to two teaspoonfuls.

ELIXIR OF PEPSIN.

Used in the various forms of Dyspepsia, and kindred diseases. Each ounce contains forty grains Pepsin. Dose—from a dessert to a tablespoonful.

ELIXIR PEPSIN, STRYCHNIA & BISMUTH, WITH PANCREATINE.

Particularly applicable in cases of Dyspepsia, when the stomach is incapable of digesting oily or fatty substances, as well as the more solid substances of food.

Each ounce contains forty grains Pepsin, 8-75 of a grain of Strychnia, eight grains of Ammonio-Citrate of Bismuth and forty grains Pancreatine. Dose—one teaspoonful.

ELIXIR PANCREATINE.

Used when the stomach is incapable of digesting oily and fatty substances, and in connection with Cod Liver Oil. Each ounce contains forty grains Pancreatine. Dose—from a dessert to a tablespoonful.

WINE OF PANCREATINE.

Each ounce contains ten grains of Pancreatine. Dose—half a wine-glassful.

PANCREATINE AND COD LIVER OIL.

Cod Liver Oil should very seldom be administered except in conjunction with Pancreatine, for, usually, when the oil is indicated, the digestive organs are incapable of properly digesting the oil. We believe that Cod Liver Oil will become decidedly more effective if administered with Pancreatine, and it will be found to agree with the stomach in every case. Each tablespoonful contains five grains of Pancreatine. Dose—one dessertspoonful.

TROCHES OF PEPSIN AND PANCREATINE.

One of the best forms for administering Pepsin with Pancreatine, and will be found very valuable in cases of Indigestion, Gastralgia, Gastrodynia, Pyrosis, Heartburn, Flatulency, and

UNIVERSITY DISPENSARY

SCHOOL OF MEDICINE.

Spring and Summer Session of 1870.

The Spring and Summer Session of the above School of Medicine will commence March 14th, 1870, and continue until July 1st. The following Clinical and Didactic courses will be given:

On Venereal Diseases and Diseases of the Skin, by Prof. L. P. YANDELL, Jr., M. D.

On Diseases of the Eye, by Prof. J. M. BODINE, M. D.

On Diseases of the Throat and Chest, by Prof. E. R. PALMER, M. D.

On the Chemistry of the Fluids of the Body, by Prof. J. W. HOLLAND, M. D.

On Anatomy, by R. O. COWLING, M. D.

On Minor and Operative Surgery, by R. H. SINGLETON, M. D.

On Practice and Materia Medica, by C. B. BLACKBURN, M. D.

On Obstetrics, by SAM'L MANLY, M. D.

On Physiology, by JAMES MCCARTHY, M. D.

On Practical Pharmacy, by C. J. RADEMAKER, M. D.

The Course will consist of Daily Clinics, Didactic Lectures, and Examinations on the various branches of Medicine.

The Dissecting Rooms of the University of Louisville will be opened to afford Students an opportunity of pursuing Practical Anatomy.

The various courses will be thoroughly practical, and in their illustration the Museum, Library, and Apparatus of the University will be used.

The University Dispensary is situated upon the grounds of the University of Louisville, corner Eighth and Chestnut Streets.

Over five thousand patients are treated annually within its walls, thus affording to students ample opportunity for witnessing disease.

Obstetrical cases will be given to advanced students.

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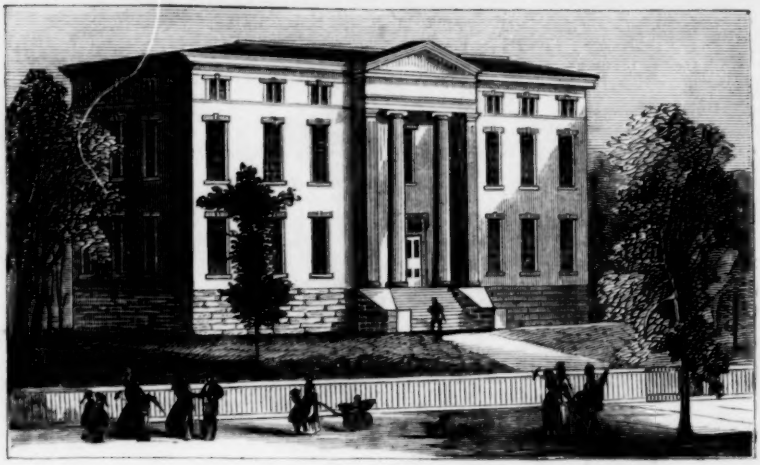
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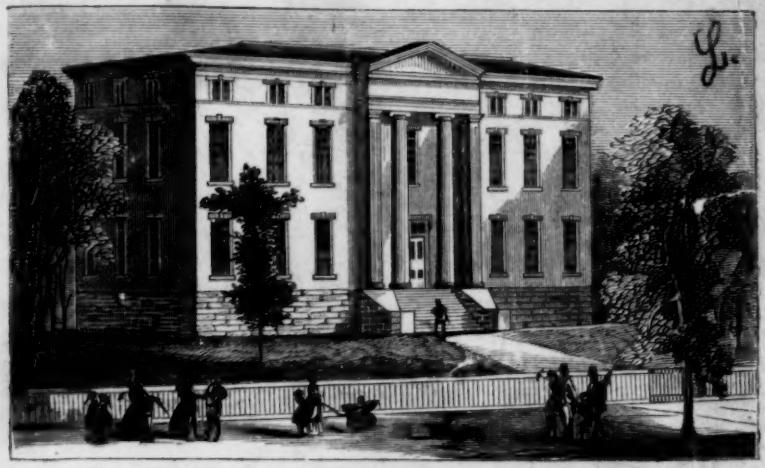
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